200	2 UNIFO	RM BUS	INESS REP(ORT (UI	BR)			•	
DOCUMENT # P01000115276							The case		
1. Entity Name XOOM TECHNOLOGIES CORPORATION						FILED			
						02 00	T21 PM12	: 36	
Principal Pla	ace of Business		Mailing Address	·		7			
PO BOX 7202 HUDSON FL 34674			PO BOX 7202 HUDSON FL 34674			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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2. Principal									
16139	CHIEF DR	IVE	3. Mailing Address 16139 CHIEF DRIVE				ai iiaii au iii 96iii 1818 1	LINNET TIREC BICIN III	nu saara ann saai
Suite, Apt. #, etc.			Suite, Apt. #, etc.			D	O NOT WRITE IN T	HIS SPACE	,
City & Sta	SON FL		City & State HUDS ON	FL		4. FEI Number	041641	/// - -	Applied For
Zip 341	667 Cou	usa Usa	Zip 34667	Country	SA	5. Certificate of State	us Desired	\$8.75 A	Not Applicable
		dress of Current F	Registered Agent	Name		7. Name and Addre	ss of New Register	Fee Requi	red
•	-KOHAN DAVID					NELORE	KOHAN	<u> </u>	
12945 HI	Stree	t Address (f	P.O. Box Number is No	t Acceptable)	BOXT)			
NEW PORT RICHEY FL 34654								9	
			SON	F	L Zisco	de /_ /_ /7			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
Signature, typed/or printed partie of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
-9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) After September 13, 2002 Fee will be \$750:00 Trust Fund Contribution. Trust Fund Contribution. Added to Fees									
11.	CEO	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTOR	RS IN 11
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/02 727-868-9766

October 17, 2002

Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: XOOM TECHNOLOGIES, INC.

Dear Sirs:

A delay occurred when our lack of an FEI number required a re-filing. A second delay occurred when the post office box for Zoom Technologies, Inc. was not active for some time during our re-location. We did not receive the second letters of correspondence and warnings in enough time to avoid being charged penalty fees. I have updated all addresses to prevent any future problems.

Today I spoke with a representative from the Division of Corporations with regards to updating corporate information (adding and deleting officers) and reactivating Xoom Technologies, Inc. She said that penalty fees might not be charged with an adequate explanation.

She advised me to include:

the updated UBR a check in the amount of \$158.75 letter of explanation

Please amend the UBR and re-activate this corporation. We sincerely apologize for this confusion and ask that you kindly reverse any penalties.

Best regards,

Hannelore Kohan

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