


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90716 047 \*\*\*150.00

|   |   |
|---|---|
| DOCUMENT # <b>P02000020770</b>            |  |
| 1. Entity Name<br><b>A. DECIBUS, INC.</b> |   |

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**11039635**

|  |         |  |         |
|--|---------|--|---------|
| 2. Principal Place of Business                   |         | 3. Mailing Address                               |         |
| Suite, Apt. #, etc.<br><b>904 WISTERIA DRIVE</b> |         | Suite, Apt. #, etc.<br><b>904 WISTERIA DRIVE</b> |         |
| City & State<br><b>MELBOURNE FL</b>              |         | City & State<br><b>MELBOURNE FL</b>              |         |
| Zip<br><b>32901</b>                              | Country | Zip<br><b>32901</b>                              | Country |

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|---|---|--|---|
| <b>DO NOT WRITE IN THIS SPACE</b>   | 4. FEI Number<br><b>03-0392394</b>                        |  | Applied For<br><input type="checkbox"/> |
|   | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required   |
|   | 7. Name and Address of Current Registered Agent           |  |   |
|   | Name<br><b>DECIBUS ANTON</b>                              |  |   |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>904 WISTERIA DRIVE</b> |   |  |   |
| City<br><b>MELBOURNE FL</b>   |   |  | Zip Code<br><b>32901</b>                |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>January 1 - May 1 Fee is \$150.00</b><br><b>After May 1 Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |  |                                   |
|--|--|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>ANTON DECIBUS<br/>904 WISTERIA DRIVE<br/>MELBOURNE FL 32901</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE  **ANTON DECIBUS** 4/30/03 (321) 727-8506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)