2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000029380

Entity Name: NINE CM INC

FILED Apr 14, 2003 Secretary of State

- intro	. 141142 014					
Current Principal Place of Business:			New Pr	New Principal Place of Business:		
4757 CASON COVE DRIVE APT 1920 ORLANDO, FL 32811				2785 ABSHER ROAD SAINT CLOUD, FL 34771		
Current Maili	ing Addre	ss:	New Ma	iling Address	5:	
	57 CASON COVE DRIVE APT 1920 RLANDO, FL 32811			2785 ABSHER ROAD SAINT CLOUD, FL 34771		
FEI Number: 59	er: 59-3738869 FEI Number Applied For() FEI N		FEI Number Not A	pplicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name a	Name and Address of New Registered Agent:		
ORLANDO, F The above na	COVE DR L 32811 med entity	IVE APT 1920 submits this statement for the	purpose of changir	g its registered	d office or registered agent, or both,	
in the State of						
SIGNATURE:Electronic Signature of Registered Age			ent	: Date		
Election Campa	=	g Trust Fund Contribution(). TORS:	ADDITI	ONS/CHANGE	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zi	COSTELLO, 4757 CASOI	()Change(X)Addition BRIAN H CEO N COVE DRIVE APT#1920 FL 32811	
Title: Name: Address: Citv-St-Zip:	() Delete	Title: Name: Address: Citv-St-Zi	MCKINNEY, 2785 ABSHE	() Change (X) Addition JEFFREY M CFO ER ROAD JD. FL. 34771	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN COSTELLO CEO 04/14/2003