FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2003 8:00 am Secretary of State

| DOCUMENT # PO200034502 1. Entity Name Space Coast Technologies, Inc. | | 04-22-2003 90044 006 ***150.00 |
|--|------------------------------------|--|
| DO NOT WRITE IN THIS SPACE | | 90100595 |
| 2. Principal Place of Business 350 Artemis Blvd. Suite, Apt. #, etc. 3. Mailing Address P.O. Boy Suite, Apt. #, etc. | 1058 | DO NOT WRITE IN THIS SPACE |
| City & State Ment Island, Florida Melbaurne | Florida | 4. FEI Number Applied For Not Applicable |
| | Country | 5. Certificate of Status Desired |
| | <u> </u> | 7. Name and Address of Current Registered Agent |
| | Name (| Promotion Service Company |
| DO NOT WRITE | Street Address | (P.O. Box Number is Not Acceptable) |
| | Shoot Address | VI. O. BOX Hamber is Not Modelphabley |
| IN THIS SPACE | 110 | . 11. 51 + |
| | 120 | 1 Hayes Street |
| | City Ta | Ilahassee FL Zip Code |
| 8. The above named entity submits this statement for the purpose of changing its | registered office or registe | ered agent, or both, in the State of Florida. I am familiar with, and accept |
| the obligations of registered agent. | _ | |
| | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: | | |
| January 4 May 4 Cap in \$450.00 | Registered Agent signature require | ed when reinstating) DATE |
| January 1 - May 1: Fee is \$150.00 After May 1, Fee is \$550.00 | | 9. Election Campaign Financing \$5.00 May Be |
| Amended UBR is \$61.25 | | Trust Fund Contribution. Added to Fees |
| Make Check Payable to Florida Department of State | | |
| 210. OFFICERS AND DIRECTORS | ļ | |
| IME CEO | TITLE | CBSEGGAB (1900) |
| STREET ADDRESS 350 Artemis Blud. | NAME | |
| STREET ADDRESS 350 Artemis Blud. | STREET ADORESS | l a |
| CITY-ST-ZIP Merritt Island, Florida 32953 | CITY-ST-ZIP | <u> </u> |
| TITLE Director | TITLE | 1 % |
| NAME Jessie D. Baugher | NAME | |
| STREET ADDRESS 350 Artemis Blud. | STREET ADDRESS | · . |
| CITY-ST-ZIP Meritt Island, Florida 32953 | CITY-ST-ZIP | |
| TITLE DIRECTOR | TITLE | |
| NAME KEVIN I. STRAUS | NAME | |
| STREET ADDRESS 8658 TESSUS COURT | STREET ADDRESS | DO NOT WOITE |
| STREET ADDRESS 8658 JESSUP COURT CITY-ST-ZIP MELBOURNE, FL 32940 | CITY-ST-ZIP | DO NOT WRITE |
| TITLE DIRECTOR | TITLE | IN THIS COACE |
| MELISSA L. STRAND | NAME | IN THIS SPACE |
| STREET ADDRESS 8658 TESSYS CAURY | STREET ADDRESS | |
| STREET ADDRESS 8658 JESSUP COURT CITY-ST-ZIP MELBOURNE FL 32940 | CITY-ST-ZIP | |
| TITLE | TITLE | |
| NAME | NAME | |
| STREET ADDRESS | STREET ADDRESS | |
| City-st-zip | CITY-ST-ZIP | |
| TITLE | TITLE | |
| NAME | NAME | |
| STREET ADDRESS | STREET ADDRESS | |

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.

CITY-ST-ZIP?

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTOR

04-18-03

3217956649 Davlime Phone #