2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2003
Secretary of State

DOCUMENT# P02000040315

Entity Name: FAMILY SMALL BUSINESS, INC.

Current Principal Place of Business:

21182 FALLS RIDGE WAY
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

21182 FALLS RIDGE WAY
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 01-0700460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOEL, VIKRAM
21182 FALLS RIDGE WAY
BOCA RATON, FL 33428

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOEL, VIKRAM
Address: 21182 FALLS RIDGE WAY
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: GOEL, SUNITA
Address: 21182 FALLS RIDGE WAY
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: MURPHY, GARY
Address: 21182 FALLS RIDGE WAY
City-St-Zip: BOCA RATON, FL 33428

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: AGARWAL, RANJANA
Address: 9003 SILVERTHORN ROAD
City-St-Zip: SEMINOLE, FL 33777

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: VIKRAM GOEL PRES 04/26/2003

Electronic Signature of Signing Officer or Director — Date