FOR PROFIT CORPORATION

FILED May 27, 2003 8:00 am Secretary of State 05-27-2003 90178 010 ***150.00

UNIFORM	BUSINESS DEPUNI	IODI
DOCUMENT#	P02000056987	
1. Entity Name VPPTENCE	• •	



XPRIENCE, INC				
DO NOT WRITE	E IN THIS SP	ACE		
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	me_	DO NOT WRITE IN THIS SPACE	
City & State Limi - Al	City & State		4. FEI Number 01-0693637	Applied For Not Applicable
Zip 33144 Country USA	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Name	7. Name and Address of Current Registere	d Agent
DO NOT W	IDITE'			
CONTRACTOR OF THE SECOND OF TH		Street Address (F	P.O. Box Number is Not Acceptable)	
IN THIS SI	PAGE			
		City	FL	Zip Code
8. The above named entity submits this statement	for the purpose of changing its re	egistered office or registere	ed agent, or both, in the State of Florida. I am	familiar with, and accept
the abligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered ager	and tells if professible (NOTE-	Registered Agent signature required	when reinstating) DATE	
January 1 - May 1 Fee is \$150.00	t and the reacher (NOTE.	negistered Agent signature required		
After May 1, Fee is \$550.00 Amended UBR is \$61.25			Selection Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	are advisorables. Well this I the Bertalathearth survival metabolis		Walana Mauriahana saanan Jaharra way melinanan war sib S
10. OFFICERS AND	D DIRECTORS	TITLE		
NAME Ware as Henry		NAME	and constraints a probability of the state	
STREET ADDRESS 6661 50 12 CF	/ 2	STREET ADDRESS CITY: ST-ZIP		
TITLE SIA	13/47	TITLE		
NAME DURAZ CALOS	^	NAME		
STREET ADDRESS 1544 Places 5 6	bye 22121	STREET ADDRESS		
CITY-ST-ZIP Corol Gables	-16. 33/3-4	CITY+ST-ZIP		
NAME		NAME		
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I hereby certify that the information supplied with	an anus illinoyoxoes not quality for t	ne exemption stated in Sed	olion i 19.07(3)(1), Florida Statutés, I further cé	rtiry that the information

Indicated on this report or supplemental report is the 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 trystee employee color 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 appropried.

SIGNATURE:

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #