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



## FILED Apr 28, 2003 8:00 am Secretary of State

1. Entity Name				04-28-2003 91366 024 ***150.00			
Obsidian Ventures, NC-							
	0162/100-						
				<b></b>			
DO NOT WRITE	IN THIS SE	PACE					
Control of the Contro						-	
2. Principal Place of Business	3. Mailing Address	11 1					
Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
300							
Coral Springs	City & State	springe		El Number 0 1 7 0 0 7 1	,  -	Applied For Not Applicable	
Zip Country	Zip	Country		Certificate of Status Desired	\$8.75	Additional	
33071 USA	33071	AZU			Fee Req		
7. Name and Address of Current Registered Agent  Name  Name							
DO NOT WRITE Street Address (F				P.Q. Box Number is Not Acceptative)			
IN THIS SPACE S				O University Dr.			
				suit e 300			
		City C	lipro.	Springs	FL Zing	(30)	
8. The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its r	registered office or re	egistered age	ent, or both, in the State of Florida. I	am familiar w	th, and accept	
the obligations of registeroglagoriti	100			•			
SIGNATURE Signatur Types or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when rei	nstating) E	DATE	<del></del>	
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	-zit			Trust Fund Contribution.		Ided to Fees	
Make Check Payable to Florida Department of OFFICERS AND		Total Control Hardware Control				The second William	
TITLE D RUSSO, Bre	H #	TITLE			The state of the s		
NAME ITOO DOLUE	00E 11/1121	NAME STREET ADDRESS	ا ک در کی برای	ting the gradient to be a second	3.77		
STREET ADDRESS COT a 1 Springs	1/2 T 3/3031	CITY-ST-ZIP	n sandt nag er en en en en en				
TITLE		TITLE	* 4 * * * * * * * * * * * * * * * * * *				
NAME STREET ADDRESS		NAME STREET ADDRESS					
CITY-SI-ZIP		CITY-ST-ZIP	O organisationshiptig	and the first of the state of t		and the second s	
TITLE		ITTLE			Les es tractalisme contain		
NAME STREET ADDRESS		STREET ADDRESS				F.	
CITY-ST-ZIP		CITY-ST-ZIP	7,6 10	DO NOT W	KIIE	· · · · · · · · · · · · · · · · · · ·	
NAME .		TITLE	T. S. Marinette	IN THIS SP	ACE	1	
STREET ADDRESS		STREET ADDRESS	44.40万种国	A STATE OF THE STA			
CITY-ST-ZIP		CITY-ST-ZIP	a .		<del></del>	Harris and the	
TITLE NAME		NAME	77.13.5	A STATE OF THE STA		A Special Street Street	
STREET ADDRESS		STREET ADDRESS		nad de la Carle de la Carle de la como de la El como de la como de l	and Nation	,	
CITY-ST-ZIP		CITY-ST-ZIP	n SATOL BOUGH				
TITLE NAME		TITLE "	1 10 10				
STREET ADDRESS		STREET ADDRESS	A STATE OF THE SECOND				
CITY-ST-ZIP	11. 60	CITY-ST-ZIP			, a Silvinia di Si	**	
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:

Daytime Phone A