

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90378 022 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | | | | | |
|---|-----------------------------------|--|--|--|---|--------------------------------|--|
| DOCUMENT # P02000072739 | | | | | | 11038629 | |
| 1. Entity Name BLIP SOFTWARE SOLUTIONS, INC. | | | | | | | |
| Principal Place of Business 750 FENTRESS BLVD DAYTONA BCH, FL 32114 | | | | Mailing Address 750 FENTRESS BLVD DAYTONA BCH, FL 32114 | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| SASSER, DAVID 760 FENTRESS BLVD DAYTONA BCH, FL 32114 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | FL | |
| 4. FEI Number: 04-3679846 Applied For: <input type="checkbox"/> Not Applicable | | | | | | | |
| 5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE: <i>DAVID SASSER / V.P.</i> | | <i>David Sasser</i> | | DATE: 4-30-03 | | | |
| <small>Signature, typed or printed name of registered agent and the applicant.</small> | | <small>(NOTE: Registered Agent Signature required when re-designating)</small> | | <small>DATE</small> | | | |
| FILE NOW WITH FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | D <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SASSER, DAVID | | | NAME | | | |
| STREET ADDRESS | 760 FENTRESS BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BCH, FL 32114 | | | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GUARDINO, JAMES A | | | NAME | | | |
| STREET ADDRESS | 760 FENTRESS BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BCH, FL 32114 | | | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BRADLEY, KENNY | | | NAME | | | |
| STREET ADDRESS | 760 FENTRESS BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BCH, FL 32114 | | | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LIEBETRAU, KURT | | | NAME | | | |
| STREET ADDRESS | 760 FENTRESS BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BCH, FL 32114 | | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <i>David Sasser</i> | | DAVID SASSER | | DATE: 4-30-03 | | PHONE: 386-214-1221 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>DATE</small> | | <small>Daytime Phone #</small> | |

CRREG34 (10/02)