

FILED  
Apr 18, 2003 8:00 am  
Secretary of State

04-18-2003 90193 028 \*\*\*158.75

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000074818</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                     |  |
| 1. Entity Name<br><b>MERIDCOM, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                      |  |
| Principal Place of Business<br>2091 NW 97TH AVE<br>MIAMI, FL 33172                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Mailing Address<br>2091 NW 97TH AVE<br>MIAMI, FL 33172                                                                                                                                                               |  |
| 2. Principal Place of Business<br><b>4624 N HIATUS RD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 3. Mailing Address<br><b>4624 N HIATUS RD</b>                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Suite, Apt. #, etc.                                                                                                                                                                                                  |  |
| City & State<br><b>SUNRISE-FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | City & State<br><b>SUNRISE-FL</b>                                                                                                                                                                                    |  |
| Zip<br><b>33351</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Zip<br><b>33351</b>                                                                                                                                                                                                  |  |
| Country<br><b>BROWARD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Country<br><b>BROWARD</b>                                                                                                                                                                                            |  |
| 4. FFI Number<br><b>02-0629591</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                               |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | \$8.75 Additional Fee Required                                                                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><b>WILLIAMS, PATRICK M</b><br>2091 NW 97TH AVE<br>MIAMI, FL 33172                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 7. Name and Address of New Registered Agent<br>Name<br><b>PRIME MERIDIAN TRADING INC</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4624 N HIATUS RD.</b><br>City<br><b>SUNRISE</b> FL <b>33351</b> |  |
| 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.<br>SIGNATURE <b>P. Williams</b> PREC <b>04/15/03</b><br><small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's signature required when registering.) DATE</small>                                                                                                                                                                                           |  |                                                                                                                                                                                                                      |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>CEO<br>ARBELAEZ, LUZ A<br>2091 NW 97TH AVE<br>MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>COO<br>ISSA ASAD<br>255 SW 198 TERR.<br>PEMBROKE PINES FL. 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>P<br>JOHANNING, EUN K<br>3682 CORAL SPRINGS DR<br>CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>CEO<br>PATRICK M WILLIAMS<br>4624 N. HIATUS RD.<br>SUNRISE FL. 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>COO<br>WILLIAMS, PATRICK M<br>2091 NW 97TH AVE<br>MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>CIO<br>JOHANNING, DANIEL G<br>3682 CORAL SPRINGS DR<br>CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |  |
| 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: <b>P. Williams</b> CIO <b>04/15/03</b> <b>954 439 2268</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                      |  |

CR2E034 (10/02)