

FILED
Jul 21, 2003 8:00 am
Secretary of State

05-05-2003 92185 012 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/5

DOCUMENT # P02000080398

1. Entity Name
EMAGENET INC.



55051779

Principal Place of Business
1160 CITRUS OAKS RUN
SUITE 100
WINTER SPRINGS FL 32708

Mailing Address
1160 CITRUS OAKS RUN
SUITE 100
WINTER SPRINGS FL 32708

2. Principal Place of Business
1160 CITRUS OAKS RUN

Suite, Apt. #, etc.

SUITE 100

City & State
WINTER SPRINGS - FL 32708

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number
9-682259718

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUBHANI, MOHAMMAD N
1180 CITRUS OAKS RUN
SUITE 100
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Signature, typed or printed name of registered agent and date if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE 5/1/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
State Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	MOHAMMAD SUBHANI	PRESIDENT	1160 Citrus Oaks Run Suite 100	
			WINTER SPRINGS - FL 32708	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

CR2034 (10/02)

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:

SIGNATURE OF MOHAMMAD N SUBHANI

DATE 5/1/03

407-948-3935

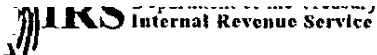
Typed or printed name of signing officer or director

Date

Signature Phone #

Attachment

55051779
D03000080398



OGDEN UT 84201-0046

In reply refer to: 0423907255
June 27, 2003 LTR 147C
90-0045369 200212 02 000
04216

EMAGENET INC
1160 CITRUS OAKS RUN STE 100
WINTER SPGS FL 32708-4800602

Employer Identification Number: 90-0045369

Dear Taxpayer:

We received your request dated Feb. 12, 2003, Form 1120S.

Our records show you should be using employer identification number (EIN) 90-0045369. Please let us know whether your records agree with ours. If they don't, please send us a copy of the IRS notice assigning the number you used on your return. If you no longer have the notice, please tell us the name and business name to which that number is assigned.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

~~We apologize for any inconvenience we may have caused you, and thank~~
you for your cooperation.