


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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91046 013 ***150.00

DOCUMENT # P02000083522	
1. Entity Name CYBERCUBA, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 315 Grand Magnolia Ave Suite, Apt. #, etc.	3. Mailing Address 315 Grand Magnolia Ave Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Celebration, FL	City & State Celebration, FL	4. FEI Number 56-2288646	Applied For <input type="checkbox"/> Not Applicable
Zip 34747	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Laura R. Dunlap	Company Corp.
Street Address (P.O. Box Number is Not Acceptable) Corporation Service Company	
1201 Hays Street	
City Tallahassee	FL Zip Code 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE Director	NAME Ruth L. Barksdale	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS 315 Magnolia Ave.	CITY-ST-ZIP Celebration, FL 34747	STREET ADDRESS	
TITLE Director	NAME Byron L. Barksdale	TITLE	
STREET ADDRESS 509 West 3rd Street	CITY-ST-ZIP	STREET ADDRESS	
TITLE North Platte, NE	69101	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	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 on an attachment with an address, with all other like empowered.

SIGNATURE: Byron L. Barksdale **Byron L. Barksdale** 4/4/03 3085324700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **April 4, 2003** **308 532 4700**

CR2E034B (12/02)