


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

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

05-05-2003 91417 043 ***150.00

DOCUMENT # P02000119303	
1. Entity Name ENMASSE SOFTWARE CORPORATION	

DO NOT WRITE IN THIS SPACE

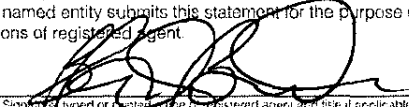
11040357

2. Principal Place of Business 6196 NW 11TH STREET		3. Mailing Address 6196 NW 11TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNRISE, FL		City & State SUNRISE, FL	
Zip 33313	Country USA	Zip 33313	Country USA

DO NOT WRITE IN THIS SPACE

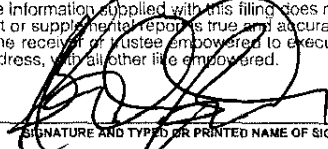
4. FEI Number 020650420		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name BLAKE BURDEEN	
	Street Address (P.O. Box Number is Not Acceptable) 6196 NW 11TH STREET	
	City SUNRISE	FL Zip Code 33313

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 	BLAKE BURDEEN	4/30/2003
<small>Signature typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BLAKE BURDEEN 6196 NW 11TH STREET SUNRISE, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: 	BLAKE BURDEEN	04/30/2003	954-801-7093
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)