

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 03

FILED

03 OCT 15 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128513

1. Entity Name  
**SUBRHMANYA, INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4010 HOLLOW CROSSING DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>4010 HOLLOW CROSSING DR</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>	4. FEI Number <b>55-0807327</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32817</b>	Country	Zip <b>32817</b>	Country

7. Name and Address of Current Registered Agent

DO NOT WRITE  
IN THIS SPACE

Name <b>SRINIVAS D.S.R.K.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4010 HOLLOW CROSSING DR</b>	
City <b>ORLANDO</b>	State <b>FL</b>
Zip Code <b>32817</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.

SIGNATURE 10/10/2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	<b>P/S/T</b>	TITLE	
NAME	<b>SRNIVAS D.S.R.K</b>	NAME	
STREET ADDRESS	<b>4010 HOLLOW CROSSING DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32817</b>	CITY-ST-ZIP	<b>000023816630</b> <b>10/15/03 01051 005 **61.25</b>
TITLE	<b>VP</b>	TITLE	
NAME	<b>MAHESH KUMAR ALLI</b>	NAME	
STREET ADDRESS	<b>4010 HOLLOW CROSSING DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32817</b>	CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 10/10/2003 (407) 657-8210.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034B (12/01)