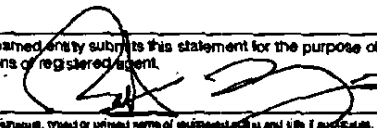
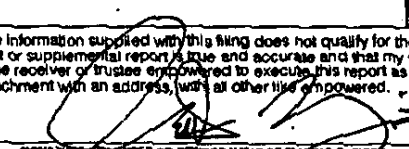


FILED
Jun 04, 2003 8:00 am
Secretary of State

05-06-2003 90035 035 ***150.00

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

DOCUMENT # P02000131764					
1. Entity Name ECONNOW, INC.					
Principal Place of Business 1548 SE 14 ST FT LAUDERDALE, FL 33316			Mailing Address 1548 SE 14 ST FT LAUDERDALE, FL 33316		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 57-141013				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZINN, ROBERT G JR 1648 SE 14 ST FT LAUDERDALE, FL 33316				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:  DATE: 4-20-2003 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when substituting)					
9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees	
FILE NEW/11/ FEE IS \$100.00 ANNUAL FEE IS \$200.00 MAY BE PAID TO FLORIDA DEPARTMENT OF STATE					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
DV ZINN, ROBERT G JR 1648 SE 14 ST FT LAUDERDALE, FL 33316					
DP JACOB, SAROSH G 5880 SW 74TH TERR #8A MIAMI, FL					
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 title empowered.					
SIGNATURE: 				DATE: 4-20-2003 954-290-3624 Typed Name of Signing Officer or Director	