
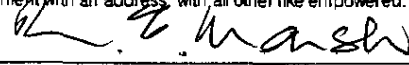


FILED  
Apr 17, 2003 8:00 am  
Secretary of State

04-17-2003 90209 005 \*\*\*150.00

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

|   |  |                                 |  |   |   |
|---|--|---------------------------------|--|---|---|
| <b>DOCUMENT # P35576</b>  |  |                                 |  |                                |   |
| 1. Entity Name<br><b>TYSER INTERNATIONAL MANAGEMENT CORPORATION</b>   |  |                                 |  |   |   |
| Principal Place of Business<br>10251-B W. SAMPLE RD.<br>CORAL SPRINGS, FL 33065 US  |  |                                 | Mailing Address<br>10251-B W. SAMPLE RD.<br>CORAL SPRINGS, FL 33065 US |   |   |
| 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<br><b>22-3127661</b>  |  |                                 |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |                                 |  | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent   |  |                                 |  | 7. Name and Address of New Registered Agent   |   |
| BROOKS, EDWARD<br>10251-B W. SAMPLE RD.<br>CORAL SPRINGS, FL 33065  |  |                                 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |                                 |  |   |   |
| FILE NOW!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State   |  |                                 |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS  |  |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PDC<br>MARSH, ROGER E<br>%12-20 CAMOMILE STREET<br>LONDON, ENGLAND, EC2V 7PJ | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>GRAHAM, GORDON<br>%12-20 CAMOMILE STREET<br>LONDON, ENGLAND, EC2V 7PJ  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CAIRNS, MICHAEL J<br>12-20 CAMOMILE ST.<br>LONDON, ENGLAND, EC2V 7PJ    | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:   |  |                                 |  | R E MARSH 15 APRIL 2003   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |                                 |  | Date Daytime Phone #  |   |

CR2E034 (10/02)