

FILED  
Jan 22 1998 8:00am  
Secretary of State

1. Corporation Name  
**C-SIDE SYSTEMS, INC.**

Principal Place of Business	Mailing Address
8789 SAN JOSE BLVD	8789 SAN JOSE BLVD
212	212
JACKSONVILLE FL 32217	JACKSONVILLE FL 32217
US	US

3. Date Incorporated or Qualified

12/18/1992

2. Principal Place of Business		2a. Mailing Address	
21	100 S.R. 13 Suite, Apt. #, etc.	2b	100 S.R. 13 Suite, Apt. #, etc.
22	Suite E City & State	27	Suite E City & State
23	Jacksonville, FL Zip	28	Jacksonville, FL Zip
24	32259	29	32259
25	Country USA <del>SE TOLINS</del>	30	Country USA

4. FEI Number <b>59-3155765</b>		Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
FRIZZELL, STEVEN P  
8780 SAN JOSE BLVD  
212  
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent			
81	Name Same		
82	Street Address (P.O. Box Number is Not Acceptable) 100 S.R. 13		
83	Suite E		
84	City Jacksonville	FL	85 Zip Code 32259

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIZZELL, STEVEN P	1.2 NAME	
STREET ADDRESS	8789 SAN JOSE BLVD, SUITE 212	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VTSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIZZELL, BRENDA B	2.2 NAME	
STREET ADDRESS	8789 SAN JOSE BLVD, SUITE 212	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bernie Frazzini* *Bernie Frazzini* 1000 11/1/00 9011 2874110

CR2E034 (10/97)