

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90052 025 \*\*\*150.00

DOCUMENT # P93000076766

1. Entity Name  
BITS PER SECOND, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6574 N STATE RD 7

3. Mailing Address  
6574 N STATE RD 7

Suite, Apt. #, etc.  
SUITE 223

Suite, Apt. #, etc.  
SUITE 223

City & State  
COCONUT CREEK, FL

City & State  
COCONUT CREEK, FL

4. FEI Number  
65-0456016

Applied For  
 Not Applicable

Zip  
33073

Country  
U.S.

Zip  
33073

Country  
U.S.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
COHEN, MARK

Street Address (P.O. Box Number is Not Acceptable)

121 SE FIRST ST STE 600

City  
MIAMI

FL

Zip Code  
33131

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 \_\_\_\_\_

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. (See criteria on back)

**January 1 - May 1: Fee is \$150.00**  
**After May 1: Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
PD  
NAME  
BEYERLEIN, ALVIN G JR  
STREET ADDRESS  
6574 N STATE RD 7 # 223  
CITY - ST - ZIP  
COCONUT CREEK, FL 33073

TITLE  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alvin G Beyerlein ALVIN G BEYERLEIN DIRECTOR 4/17/02 54-923-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone