2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 AM
Secretary of State

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Entity Name: SAURIAN COMMUNICATIONS, INC.

Current Principal Place of Business:

4555 PONCE DE LEON
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

4555 PONCE DE LEON
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0473084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'FLAHERTY, IAN
4555 PONCE DE LEON BLVD
CORAL GABLES, FL 33140 US

Name and Address of New Registered Agent:

O'FLAHERTY, I.
4555 PONCE DE LEON BLVD
CORAL GABLES, FL 33140 US

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: I. O'FLAHERTY 01/17/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: O'FLAHERTY, IAN
Address: 1215 SOROLLA AVE
City-St-Zip: CORAL GABLES, FL

Title: SD ( ) Delete
Name: O'FLAHERTY, LISA ANN
Address: 4555 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: V ( ) Delete
Name: JAY, JOHN
Address: 4555 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: O'FLAHERTY, IAN
Address: 4555 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: I. O'FLAHERTY P 01/17/2002
Electronic Signature of Signing Officer or Director Date