

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jul 10, 2002 8:00 am  
Secretary of State

07-10-2002 90191 033 \*\*\*150.00

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

DOCUMENT # **P93000082658**  
1. Entity Name  
**DYNAMIX CORPORATION**

**B0127366**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**61 ALAFAYA WOODS BLVD**  
Suite, Apt. #, etc. **#161**  
City & State **OVIDO, FL**  
Zip **32765** Country

3. Mailing Address  
**WOODS BLVD**  
Suite, Apt. #, etc.  
City & State  
Zip Country

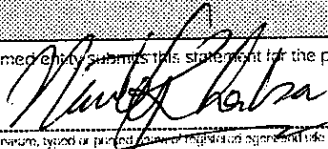
DO NOT WRITE IN THIS SPACE

4. FEI Number **59-327-9339**  
Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **NAVTEJ S. KHALSA**  
Street Address (P.O. Box Number is Not Acceptable)  
**61 ALAFAYA WOODS BLVD**  
City **OVIDO** FL Zip Code **32765**

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 signatory and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$50.00  
Amended UBR is \$63.25  
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 NAME STREET ADDRESS CITY-STATE-ZIP	<b>NAVTEJ S. KHALSA DIRECTOR 61 ALAFAYA WOODS BLVD, #161 OVIDO, FL 32765</b>
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**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplement to 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 empowerment.

SIGNATURE:   
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR200346 (12/01)