

SIGNATURE:

SIGNATURE AND TYPED 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

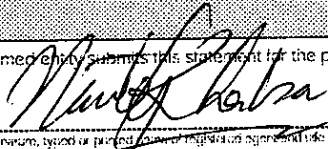
DO NOT WRITE IN THIS SPACE

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

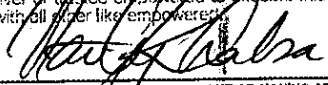
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$50.00
Amended UBR is \$63.25
Make Check Payable to Department of State

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	NAVTEJ S. KHALSA DIRECTOR 61 ALAFAYA WOODS BLVD, #161 OVIDO, FL 32765
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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 supplement thereto 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 empowerments.

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

CR2E0346 (12/01)