2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am g Secretary of State DOCUMENT # P93000087898 1. Entity Name 05-29-2002 90679 044 ***150.00 TRANSPHINX CORP. Principal Place of Business Mailing Address C/O INSINGER TRUST (JERSEY) LTD 436607 P.O. BOX 546 P.O. BOX 546, 28-30 THE PARADE 28-30 THE PARADE ST HELIER, JERSEY JE4-8XY ST HELIER, JERSEY JE-48XY 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0480075 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAUN, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 10218 N.W. 50 STREET AND ADDRESS OF A STATE OF SUNRISE FL 33351 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE □ Delete ☐ Change ☐ Addition NAME CRESPEL, MARTYN D NAME STREET ADDRESS INSINGER SECRETARIES, 28-30 THE PARADE STREET ADDRESS CITY-ST-ZIP ST HELIER, JERSEY JE-48XY CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - = 🖃 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director that my name appears in Block 11 or Block 12 if of the corporation or the rece changed, or on an attachme

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hereby certify that the information applicated on this report or supplementa

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