

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90284 010 ***150.00

DOCUMENT # P94000004212
1. Entity Name
LODGING INFORMATION SYSTEMS TECHNOLOGY, INC.



Principal Place of Business
**4806 CHAROWEN DR.
ORLANDO FL 32837**

Mailing Address
**4806 CHAROWEN DR.
ORLANDO FL 32837**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3219269**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**RAMJIT, HERALALL L
4806 CHAROWEN DR.
ORLANDO FL 32837**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating)
DATE **4/18/2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RAMJIT, HERALALL L	
STREET ADDRESS	4806 CHAROWEN DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMJIT, ROHINI	
STREET ADDRESS	4806 CHAROWEN DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	RAMJIT, AMIT L	
STREET ADDRESS	4806 CHAROWEN DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	RAMJIT, RUAN T	
STREET ADDRESS	4806 CHAROWEN DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lloyd RAMJIT	
STREET ADDRESS	4806 CHAROWEN DR. ORLANDO FL	
CITY-ST-ZIP	32837	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/18/2003**

CR2E034 (10/02)