2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000037225 ALPHA WAVES, INC. Principal Place of Business Mailing Address 020 SAINT ANDREWS DR 628 SAINT ANDREWS DR SARASOTA FL 34243 SARASOTA FL 34243-1630 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #,,etc. City & State City & State Country Zip 6. Name and Address of Current Registered Agent Name EVANS, DONALD C 628 SAINT ANDREWS DR SARASOTA FL 34243

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

EVANS, DONALD C

SARASOTA FL 34243

628 SAINT ANDREWS DR

Tax filing requirement and elects to do so.

(See criteria on back)

11.

STREET ADDRESS

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TITLE NAME

NAME

TITLE

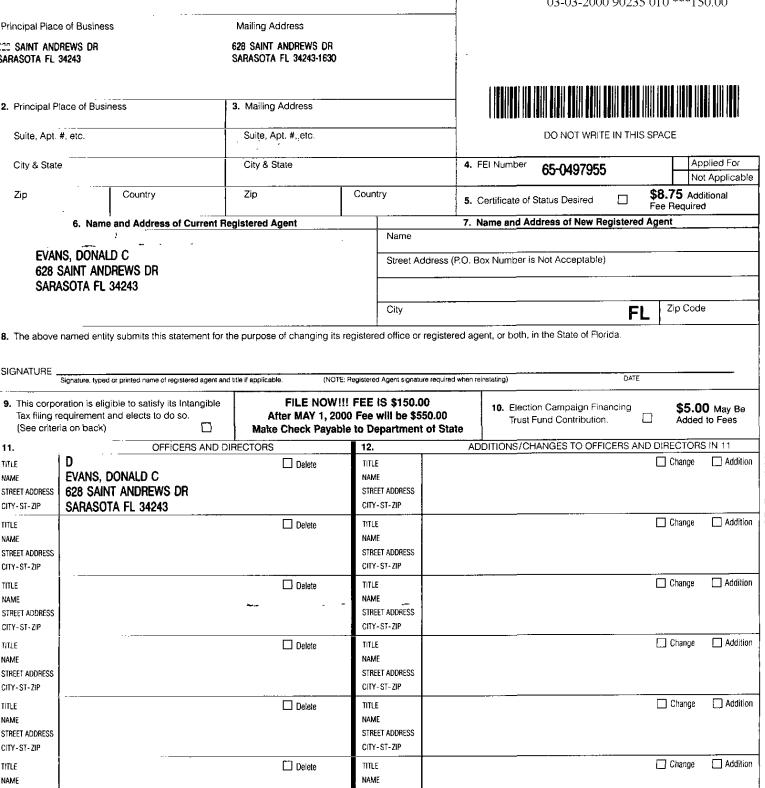
NAME

NAME

TITLE

Mar 03, 2000 8:00 am **Secretary of State**

03-03-2000 90235 010 ***150.00



13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

TITLE

NAME

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SIGNATURE: