## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9400084128  1. Entity Name HEMISPHONO INCORPORATED					May 06, 2002 8:00 am Secretary of State 05-06-2002 90252 034 ***150.00			
Principal Place of Business  Mailing Address  3100 NW 72 AVE 129  MIAMI FL 33122  US  129  MIAMI FL 33122  US  2. Principal Place of Business  3. Mailing Address  3. Mailing Address  3. Mailing Address  3. Mailing Address			2 AVE					
Suite, Apr		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	ate	City & State		<b>4.</b> F	FEI Number 65-0547010 Applied For			
Zip	Country	Zip	Country	<b>5.</b> C	ertificate of Status Desired	\$8.75 Ac		
CALDIRO	6. Name and Address of Current R	egistered Agent	Name		ame and Address of New Registe	red Agent	· · · · · · · · · · · · · · · · · · ·	
3100 NW 72 AVE #129 MIAMI FL 33122				ress (P.O. Bo	ox Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its required.  8. The above named entity submits this statement for the purpose of changing its required.			City			FL Zip Coo	de	
SIGNATURE		d title if applicable. (NOTE:	Registered Agent signature re		istating) DA	TÉ		
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		.00 State	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		00 May Be d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DEPARTMENT OF PST CALDIROLA, BEATRIZ M. 3100 NW 72 AVE # 129 MIAMI FL 33122	Delete	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ADD	OTIONS/CHANGES TO OFFICERS	AND DIRECTOR  Change	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with th	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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 eath; 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.

SIGNATURE:

Date