


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90169 001 ***150.00

DOCUMENT # P95000010052
1. Entity Name
AVANI SYSTEMS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10251 ARBOR SIDE DR
Suite, Apt. #, etc.

3. Mailing Address
10251 ARBOR SIDE DR
Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33647

Country
USA

Zip
33647

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3344765** 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 **Subrahmanyam Kondaveeti**

Street Address (P.O. Box Number is Not Acceptable)
10251 Arbor Side Dr

City **TAMPA** State **FL** Zip Code **33647**

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 Subrahmanyam Kondaveeti DATE 2/18/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD; Subrahmanyam Kondaveeti 10251 arbor Side Dr TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD;Suvama Rani Kondaveeti 10251 ARBOR SIDE DR TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Subrahmanyam Kondaveeti DATE 2/18/03 PRESIDENT 813-907-242

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

CR2E034B (12/02)