## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 02, 2003 8:00 am Secretary of State

DOCUMENT # P95000025746  1. Entity Name COMPUSVEN INC.						05-02-2003 90205 041 ***150.00				
Principal Place of Business Mailing Address 3200 BAILY LANE 3200 BAILY LANE SUITE 199 SUITE 199 NAPLES, FL 34105 US NAPLES, FL 34			LANE					WIRI 1861		<b>I</b>
2. Principal Place of Business		3. Mailing Address Suite, Apt. #, etc.								
Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State	e	City & State		4. FE	Number 65-0573455			plied For it Applicable	,	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired   \$8.75 Addit Fee Required					
	5. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent					╡
JAMES, SVEN P/C 3200 BAILY LANS				Name						]
SUITE 199 NAPLES, F			Sliegi Addiess (	Street Address (P.O. Box Number Is Not Acceptable)						
,	-			City			FL	Zip Code	<del></del>	-
0. The object	named antibus inmits this statement for	with a numerous of abanding its	ragiator	od office or register		at as both in the State of Elevisie				-
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, typed or printed name of registered agent and title I applicable. (NOTE: Registered Agent Signature required when seinstating) DATE										
After	FILE NOWILL FEE IS \$150,00 r May 1, 2003 Fee will be \$550.00 r Payable to Florida Department	of State		<u></u>		Election Campaign Financ Trust Fund Contribution.	ing	<b>\$5.0</b> Added	0 May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDI	ITIONS/CHANGES TO OFFICE	RS AND DIF	RECTORS	IN 11	┪_
TITLE NAME	P/C JAMES, SVEN	☐ Delete	1i1Li NAM					Change	Addition	CRZE034 (10/02)
STREET ADDRESS CITY-ST-2IP	3200 BAILY LANE, #199 NAPLES, FL 34105	·		ET ADDRESS - ST - ZIP						E034
TITLE NAME		☐ Delete	TITLE					'Change	☐ Addition	CR2
STREET ADDRESS CITY-ST-2P				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITU!		111-5	· <del>-</del>		Change	Addition	
STREET ADDRESS CITY-ST-ZP				ET ADDRESS			·		·	.]
TITLE		☐ Delete	TITLI NAM			•		Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -st-21P						
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delene	8					Change	Addition	
TITLE NAME STREET ADDRESS		Delete	TITLE NAM					Change	Addition	
CITY-ST-ZIP				-ST-2IP						]
indicated of the cor	certify that the information supplied with lon this report or supplemental report is poration or the receiver or trustee empi or on an attachment with an address.	strue and accurate and that nowered to execute this report	ny signat as requi	ture shall have the s	ame leg	al effect as if made under oath;	that I am a	n officer o	or director	