

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90360 042 \*\*\*150.00

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

<b>DOCUMENT #</b> <u>995000049558</u>			
1. Entity Name <u>Silicon Wave Technology Corporation</u> ✓			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <u>1223 Wallace St</u>		3. Mailing Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Coral Gables, FL</u>		City & State	
Zip <u>33134</u>	Country <u>US</u>	Zip	Country
4. FEI Number <u>65-0658198</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>Michael Baird</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1223 Wallace St</u>			
City <u>Coral Gables</u>		FL	Zip Code <u>33134</u>
<b>DO NOT WRITE IN THIS SPACE</b>			
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>President/CEO</u> <u>Michael J. Baird</u> <u>1223 Wallace St</u> <u>Coral Gables, FL 33134</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Michael J. Baird</u>		Date <u>3/8/02</u> (305) 569-9432	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034B (12/01)