FILED Feb 10, 2003 8:00 am Secretary of State

2003	FOR P	ROFIT	CORP	ORATIO	N
UN	IFORM	BUSIN	ESS R	EPORT	(UBR)

DOCUN 1. Entity Name	1ENT # P9600006	2616		02-10-2003 90436 ()17 ***150.00	
Florida	Metropolitan Unive	rsimy, Inc.	V			
	OO NOT WRITE	IN THIS SPA	ACE			
2. Principal Place of Business 6 Hutton Centre Drive 3. Mailing Address 6 Hutton Centre		e Drive	Prive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Santa Ana, CA		City & State		4. FEI Number Applied For 33-0717605 Not Applied be		
		City & State Santa Ana, CA	Country	_ 68	Not Applicable 75 Additional	
92707	USA	92707	USA	5. Certificate of Status Desired Fee	Required	
4.			7. Name and Address of Current Registered Agent			
	DO NOT W	RITE	Corporation System P.O. Box Number is Not Acceptable)			
	IN THIS SP		s (P.O. Box Number is Not Acceptable) O South Pine Island Road			
8	MA TIMO OF	AOL	City		Zíp_Code	
			Pla	.ntation FL lered agent, or both, in the State of Florida. I am fami	33324	
Jan	signature, typed or printed name of registered agent uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of		legistered Agent signature requ	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
16.	OFFICERS AND					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO/P David G. Moore 6 Hutton Centre Dr Santa Ana, CA 9270	-	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Paul R. St. Pierre 6 Hutton Centre Dr Santa Ana, CA 9270		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Dennis L. Devereux 6 Hutton Centre Di Santa Ana, CA 9270	ive. Suite 400	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Stan A. Mortensen 6 Hutton Centre Di Santa Ana, CA 9270	rive, Suite 400)7	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CFO Dennis N. Beal 6 Hutton Centre Dr Santa Ana, CA 9270	rive, Suite 400)7	TITLE NAME STREET ADDRESS ÇITY-ST-ZIP			
TITLE. NAME STREET ADDRESS CHY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			

12. Thereby 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AN

February 3

, 2003

- Dale

(714) 424-8888

Daytime Phone #