

02-25-2002 90036 047 \*\*\*150.00

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

**DOCUMENT #** P96000071087(6)  
 1. Entity Name  
SHIBUMI INC.

**DO NOT WRITE IN THIS SPACE**

- 20670

2. Principal Place of Business <u>425 S. CRESCENT DR</u> Suite, Apt. #, etc.	3. Mailing Address <u>425 S. CRESCENT DR</u> Suite, Apt. #, etc.
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City & State <u>Melbourne, FL</u>	City & State <u>Melbourne, FL</u>	4. FEI Number <u>75-2671838</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32901</u>	Country <u>FLORIDA</u>	Zip <u>32901</u>	Country <u>FLORIDA</u>

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 MAXINE BARNES  
 Street Address (P.O. Box Number is Not Acceptable)  
425 S CRESCENT DR.  
 City Melbourne FL Zip Code 32901

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 [Signature] DATE 3/25/02  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (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.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MAX Miller 205 Glen Holly DR Roswell, GA 30076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. REBECCA S. Miller 205 Glen Holly DR Roswell, GA 30076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Max Miller MAX Miller Date 2/3/02 (776) 241-2448  
Signature and typed or printed name of signing officer or director Daytime Phone #