FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 JUL -2 PM 12: 52 DOCUMENT # P96000072490 1. Entity Name SCB MICROSYSTEMS INC. SECRETARY OF STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 800021449988 2. Principal Place of Business Mailing Address 07/10/03-01007-024 **300.00 5212 SW 153 PLACE NORTH 5212 SW 153 PLACE NORTH DO NOT WRITE IN THIS SPACE - Suite. Apt. #, etc. Suite, Apt. #. etc. City & State 4. FEI Number Applied For City & State 650694366 Not Applicable MIAMI, FLORIDA MIAMI, FLORIDA Country Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 33185 USA 33185 USA 7. Name and Address of Current Registered Agent BRAGA, DO NOT WRITE Street Address (P.O., Box Number is Not Acceptable) 5212 SW 153 PLACE NORTH IN THIS SPACE 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. SIGNATU (NOTE: Registered Agent signature required when reinstating) January 1 May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1; Fee is \$550.00 After May 1; Fee is \$550.00 After May 1; Fee is \$65125 10, Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 11. me ÷ **PSTD** BRAGA, SERGIO 5212 SW 153 PLACE NORTH MIAMI, FL 33185 NAME , STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DONOTWRITE CITY-ST-ZIP TIDE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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

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Florida Statutes; and that my name appears in Block 11 or on an

RE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

Daytime Phone #

2/2

SCB MICROSYSTEMS INC. 5212 SW 153 PLACE NORTH MIAMI, FLORIDA 33185

Doc. # P96000072490

July 1, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report form for my corporation for the year 2002 or 2003. I've called several times requesting it, and every time the response was, we will send you as soon as possible. Today when I called someone at your office finally told me that I could download this form from the internet. She also told me that I need it to write a letter explaining what had happen, so your office could review my case and attached a \$300.00 check with the annual report. I'm sending it to your office the way I was instructed by your office. If you need further information regarding this matter please, do not he sitate to contact me at your earliest convenience.

Very Truly Yours,

Sergio Braga

President