## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P96000093676

Entity Name: LPS ASSOCIATES, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current P					
	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
SUITE 206	POLLO BLVD. RNE, FL 32901				
Current M	lailing Address	<b>::</b>	New Mailing Address	s:	
SUITE 206 MELBOUR	DLLO BLVD RNE, FL 32901	US FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired()	
		,	,	.,	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:		
	RIA AVENUE ABLES, FL 331	34 US			
	named entity so e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
	e of Florida. ´ RE:			d office or registered agent, or both,	
in the State	e of Florida. ´ RE:	ubmits this statement for the		d office or registered agent, or both,  Date	
in the State SIGNATUF This corpore	e of Florida. RE: Electroni ation is eligible to	c Signature of Registered Ag			
in the State SIGNATUF This corpora Election Car	e of Florida. RE: Electroni ation is eligible to	c Signature of Registered Ag satisfy its Intangible Tax filing red Trust Fund Contribution ().	gent quirement and elects to do so (X).		
in the State SIGNATUF This corpora Election Car	e of Florida.  RE:  Electroni  ation is eligible to  mpaign Financing S AND DIRECT	c Signature of Registered Ag satisfy its Intangible Tax filing red Trust Fund Contribution ( ). ORS: Delete	gent quirement and elects to do so (X).	Date	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERIAN CAMPBELL STD 05/01/2002