

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90194 047 ***150.00

DOCUMENT # P97000008503
1. Entity Name Terena Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11264 W. Hillsborough Ave
Suite, Apt. #, etc. 239
City & State Tampa, FL
Zip 33635 Country Hillsborough

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59342441
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name Terrill Goldman
Street Address (P.O. Box Number is Not Acceptable)
11266 W. Hillsborough Ave
#239
City Tampa FL Zip Code 33635

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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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)

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
TITLE	PD		Terrill Goldman	11266 W. Hillsborough Ave #239	Tampa, FL 33635
TITLE	D		David Kanstoroom	10404 Double Bayou	Tampa, FL 33615
TITLE	D		Aena Sawyers	613 Thompson Dr.	Coppel, TX 75019
TITLE	D		Joel Walters	504 Cutter Ln.	Long Boat Key, FL 34228
TITLE	D		Michael De Costa	1609 Hills of Red #201	Las Vegas, NV 89128
TITLE					
TITLE					

DO NOT WRITE IN THIS SPACE

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: Terrill S. Goldman, TERRILL S. GOLDMAN 4-24-02 813-818-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)