## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000013630

Entity Name: TALKING WALLS, INC.

Address:

City-St-Zip:

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
UNIVERSITY OF FLORIDA			<b>REITZ UNION</b>		
C2 GAINESVILLE, FL 32611				SUITE C-2 UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611	
Current Mailing Address:				New Mailing Address:	
Current W	anny Addres	<b>5.</b>	New Mailing Addit	ess.	
	RTHWEST 42 KA, FL 33054	AVENUE			
FEI Number:	65-0726973	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
15001 NŴ SUITE 121	MITCHELL E 42ND AVE KA, FL 33054	US			
	named entity s e of Florida.	submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUF	RE:				
Electronic Signature of Registered Ag			ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
	mpaign Financing S AND DIREC	•	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS	
	S AND DIREC	•	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
OFFICERS Title: Name:	P () VASQUEZ, WIL	TORS:  Delete LIAM	Title: Name:		
OFFICERS Title: Name: Address:	S AND DIREC	TORS:  Delete LIAM , SUITE G-12	Title:		
OFFICERS Title: Name: Address: City-St-Zip:	P () VASQUEZ, WIL U OF FLORIDA GAINESVILLE,	TORS:  Delete LIAM , SUITE G-12	Title: Name: Address:		
OFFICERS	P () VASQUEZ, WIL U OF FLORIDA GAINESVILLE,	TORS:  Delete LIAM SUITE G-12 FL 32611  Delete	Title: Name: Address: City-St-Zip:	()Change ()Addition	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	P () VASQUEZ, WIL U OF FLORIDA GAINESVILLE, VTSC () VASQUEZ, FAE 15001 NW 42 A	TORS:  Delete LIAM SUITE G-12 FL 32611  Delete IO A	Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name:	P () VASQUEZ, WIL U OF FLORIDA GAINESVILLE, VTSC () VASQUEZ, FAE	TORS:  Delete LIAM SUITE G-12 FL 32611  Delete IO A	Title: Name: Address: City-St-Zip: Title: Name:	()Change ()Addition	

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.

Address:

City-St-Zip:

15001 NW 42ND AVENUE

OPA LOCKA, FL 3305

SIGNATURE: HUGO GOMEZ CFO 04/30/2003