FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| UNIFORM BUSINESS REPORT (UBR) | | | | | | Jan 27, 2003 8:00 am | | | | |
|--|---|-------------------------------|--|---------------------------------------|------------------|---|------------------------------------|---------------------|-----------------------------|-----------------|
| DOCUMENT # P9700048867 1. Entity Name ADSPECO, INC. | | | | | | Secretary of State 01-27-2003 90142 033 ***150.00 | | | | 7.4 |
| 965 N. NOB PLANTATION US | ce of Business HILL RD STE 306 FL 33324 Place of Business | | Mailing Address 965 N. NOB HILL RD., STE PLANTATION FL 33324 US | 306 | | | | | | |
| 4377 | @MMERCIA | LWAY 2 | Mailing Address 1377 COMM & Command Suite Apt. #, etc. | un wa | 4 | | HECK HERE IF MAK | | | |
| SPRIN | | FL | Sity & State EDRING HIL | i, Fr | 4. | FEI Number 6 | 5-0757425 | | oplied For of Applicable | - |
| 3-4600 | Countr | 14700 - | Z134606 | Country | _ 5. | Certificate of Sta | tus.Desired | \$8.75 Add | | |
| | 6. Name and Add | ress of Current Reg | jistered Agent | Name | 7. | Name and Addr | ess of New Register | ed Agent | |] |
| BENNETT, FORREST | | | | | SHNF | 17g Fr | ORREST | | | |
| 965 N. NOB HILL RD. SUITE 306 | | | | | ldress (P.O. | Box Number is No. | ot Acceptable) | | | |
| | ION FL 33324 | | | 501 | | 02 | | | | 1 |
| | | | | CPRIN | | 111 | | L ZigCgd | 606 | |
| | e named entity submits tions of registered and | _ | e purpose of changing its re | egistered office or | registered a | gent, or both, in t | ne State of Florida. Ta | ım familiar with, | and accept | |
| SIGNATURE . | Signature, typed or printed na | me of registered agent and ti | tle if applicable (NOTE: | Registered Agent signatur | e required where | reinstatino) | 1/2 | ره/٢ | | |
| After | ILE NOW!!! FEE I r May 1, 2003 Fee w c Payable to Florida | ill be \$550.00 | ate | | <u></u> | | Campaign Financing d Contribution. | | May Be I to Fees | |
| 10. | | OFFICERS AND DIR | ECTORS | 11. | DOFTA | DDITIONS/CHAN | IGES TO OFFICERS A | ND DIRECTOR | S IN 11 | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FORREST BENNE -965 N. NOB HILL PLANTATION FL-3 | RD. SUITE 306 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FOR | RUST BE 7 COMM | NNETT BRUM WA FL 34606 | □ Change Y STE 3 | ☐ Addition | CR2E034 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , . | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u> </u> | | 1000 | Change | ☐ Addition | CR2 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 1001 | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition | 1 |
| TITLE NAME STREET ADDRESS | | | ☐ Delete | TITLE NAME STREET ADDRESS | | | | ☐ Change | Addition | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/25/03

(352) 596 - 2262