

FILED  
Mar 31, 2003 8:00 am  
Secretary of State

02-04-2003 90094 047 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000063761

1. Entity Name  
KRATOS USA, INC.



55021076

Principal Place of Business  
2119 HOLLYWOOD BOULEVARD  
#D  
HOLLYWOOD FL 33020

Mailing Address  
2119 HOLLYWOOD BOULEVARD  
#D  
HOLLYWOOD FL 33020

2. Principal Place of Business

2119 Hollywood Bld #D

Suite, Apt. #, etc.

Hollywood FL

City & State

33020 USA

Zip

Country

3. Mailing Address

2119 Hollywood Bld #D

Suite, Apt. #, etc.

Hollywood FL

City & State

33020

Zip

Country

USA

4. FEI Number 65-0779950

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TURASHEV, ANDREI N  
367 POINEGNA ISLAND DRIVE  
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

Name Sergey Melnov

Street Address (P.O. Box Number is Not Acceptable)

2119 Hollywood Bld. #D

City Hollywood

FL

Zip Code 33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sergey Melnov

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/01/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SERGEY, MELVIN B  
STREET ADDRESS 20533 BISCAYNE BLVD. #318  
CITY-ST-ZIP AVENTURA FL 33180

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/01/03 1954 923 8893

CR2E034 (10/02)