## NIOKIRO AV

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

UN	IFOR	M BUSINE	55	REPOR	Т (	UBR	)		Apr 23, 7	200	J 0.U	v am
DOCUMENT # P9700072969  1. Entity Name VIRTUAL LABS, INC.								Secretary of State 04-23-2003 90305 017 ***150.00				
Principal Place of Business 113 MCKINLEY AVE. COCOA BEACH FL 32931				Mailing Address 8570 COMMERCE ST., STE. 114 CAPE CANAVERAL FL 32920								
2. Principal Place of Business				3. Mailing Address				ļ	I SBUSSBOS IIM SOUS CONIC BESTE COIL	I UBSIL BBILL	india ilain iniin i	Niin inii Inii
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE II	F MAKIN	G CHANGES	
City & State				City & State				4. FEI	Number <b>59-3472077</b>			pplied For ot Applicable
Zip Country			Zip			Country			rtificate of Status Desired		\$8.75 Add	ditional
	- 6 Name	and Address of Current Re	enistera	Ad Agent		T-==-		7∹ Ne	me and Address of New Re	nistered		<u> </u>
	O. IVAIIIE	and Address of Current A	-Aistere	u Agent		Name		7.~11a	ine and Address of New Ne	gistereu	Agent	
GIBSON, MASON C							dress (P.O. Box Number is Not Acceptable)					
113 MCKINLEY AVENUE												
COCOA B	EACH FL 3	2931										
						City			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FI	Zip Code	е —
C The should	named optit	y submits this statement for t	bo ouro	oco of changing its	rogiete	arod office or	rooistor	od agon	t, or both, in the State of Flor			and accord
	ions of regist		ne parp	ose or changing its	regist	DICO ONICE OF	registere	cu agen	t, or bottl, in the diate of Fior	ida. Tam	initial with,	und accopt
and dongar	action of rogics	orda agom.										
SIGNATURE .		•										}
JIGHATONE .	Signature, typed	or printed name of registered agent and	title if app	olicable. (NOTE	: Registe	ered Agent signatu	re required	when reinst	tating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State					Election Campaign Fina Trust Fund Contribution     .			<b>0</b> May Be I to Fees
10. The		OFFICERS AND D	IRECTO	PRS	11	i.		ADD!	TIONS/CHANGES TO OFFIC	CERS AN	D DIRECTORS	S IN 11
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NAME	l '	MASON C		L Delete							Grange	Addition
	GIBSON, MASON C S 8570 COMMERCE STREET SUITE			= 114		NAME STREET ADDRESS						\
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						CITY-ST-ZIP			<del></del>			
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 1

STREET ADDRESS

CiTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Gibson

321-799-28

Daytime Phone #

3R2E034 (10/C