

2002 UNIFORM BUSINESS REPORT (UBR)

0198021 AB

DOCUMENT # P97000078581
 1. Entity Name
IMAGINIS CORPORATION

FILED
 02 NOV 25 AM 10:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 2525 MERIDIAN PARKWAY 2525 MERIDIAN PARKWAY
 SUITE 300B SUITE 300B
 DURHAM NC 27713 DURHAM NC 27713



2. Principal Place of Business 3. Mailing Address
 11500 SW 60 AVE 11500 SW 60 AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 MIAMI, FL MIAMI, FL
 Zip Country Zip Country
 33156 USA 33156 USA

REINSTATED DO NOT WRITE IN THIS SPACE
 02
 4. FEI Number **65-0780386** Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
LOBREE, HAROLD S
11500 SW 60TH AVE
MIAMI FL 33156

5. Certificate of Status Desired \$8.75 Additional Fee Required
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
700008761627
11/01/02--01087--003 **750.00
 City Zip Code
FL

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: **HAROLD S. LOBREE** DATE: **November 9, 2002**
(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)
FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State
 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	PD LOBREE, SHAWL B 8 PORTERS GLEN PLACE DURHAM NC 27713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTDS KHOURY, JOHN 8 PORTERS GLEN PLACE DURHAM, NC 27713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, PATRICK F 222 W STEWART PARKWAY, STE 206 WASHINGTON, NC 27789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOBREE, HAROLD S 11500 SW 60TH AVE MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLLOY, JOHN H 51 PIES 7 (51 PRES 7) CHARLESTOWN MA 02129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP LOBREE, SHAWL B 11500 S.W. 60 AVENUE MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTDS KHOURY, JOHN 11500 S.W. 60 AVE MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLLOY, JOHN H 51 PIER SEVEN CHARLESTOWN, MA 02129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: **SHAWL B. LOBREE** **9-30-02** **919.608.3257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)