SECOND NOTICE: CORPORATION WILL BE DISS[illegible]ED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLV[illegible]INIMUM AMOUNT DUE TO REINSTATE: $750).

APPROVED AND FILED

00 JAN 28 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1999 + 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000016499

1. Corporation Name

BDZI VIRTUAL BUSINESS SYSTEMS CORP

Principal Place of Business	Mailing Address
~~1624 MEADOWGOLD CT.~~ ~~WINTER PARK FL 32792~~	1455 SEMORAN BLVD., STE 149-02 CASSELBERRY FL 32707

9-17-99 90001 020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1455 Semoran Blvd	26
Suite, Apt. #, etc. 22 149-02	Suite, Apt. #, etc. 27
City & State 23 Casselberry, FL	City & State 28
Zip 24 32707	Zip 29
Country 25 USA	Country 30

3. Date Incorporated or Qualified
02/19/1998

4. FEI Number
59-3494826 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOUGLAS, BOBBY
~~1624 MEADOWGOLD CT.~~
~~WINTER PARK FL 32792~~
1455 Semoran Blvd.,
Ste 149-02
Casselberry, Fl. 32707

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1455 Semoran Blvd 149-02

83

84 City
Casselberry FL 85 Zip Code 32707

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Pres. Sec/Tres & Director ☐ DELETE	1.1 TITLE
NAME	Bobby Douglas	1.2 NAME
STREET ADDRESS	1455 Semoran Blvd., Ste 149-02	1.3 STREET ADDRESS
CITY-ST-ZIP	Casselberry, Fl. ~~32707~~	1.4 CITY-ST-ZIP
TITLE	☐ DELETE	2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	☐ DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	☐ DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	☐ DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	☐ DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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-02/01/00--01067--007
****150.00 ****150.00

☐ Change ☐ Addition

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6. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bobby Douglas Bobby Douglas