

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90130 044 ***150.00

DOCUMENT # P98000031085
 1. Entity Name
 SCT INTERACT, INC

Principal Place of Business Mailing Address
 P.O. Box 357 P.O. Box 357
 Freeport, FL 32439 Freeport, FL 32439

2. Principal Place of Business 3. Mailing Address
 15199 US Hwy 3315. P.O. Box 1009
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite A

City & State City & State
 Freeport, FL Freeport, FL
 Zip Country Zip Country
 32439 USA 32439 USA

4. FEI Number Applied For
 59-3505833 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

A0063007

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Michael G. VanRanden
 815 Alazua Drive
 Freeport, FL 32439

7. Name and Address of New Registered Agent
 Name Vincent C. Wilder
 Street Address (P.O. Box Number is Not Acceptable)
 15199 US Hwy 331 South
 Suite A
 City Freeport FL Zip Code 32439

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.
 SIGNATURE Vincent C. Wilder Vincent C. Wilder DATE 4-25-2001
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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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	President Vincent C. Wilder 27 Andy Ave. Freeport, FL 32439	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	President Vincent C. Wilder 195 Alden Lane Freeport, FL 32439	<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
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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: Vincent C. Wilder Vincent C. Wilder DATE 4-25-01 850-835-5403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State Phone #

CR2E034 (11/00)