
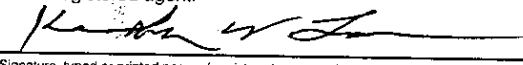


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90132 035 \*\*\*150.00

<b>DOCUMENT # P98000052068</b> 1. Entity Name <b>FULL SPECTRUM RESEARCH &amp; MANUFACTURING, INC.</b>			
Principal Place of Business <b>234 ROSA L. JONES BLVD</b> <b>COCOA FL 3922</b>		Mailing Address <b>234 ROSA L. JONES BLVD</b> <b>COCOA FL 3922</b>	
2. Principal Place of Business <b>993 Alsop Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>993 Alsop Dr</b> Suite, Apt. #, etc.	
City & State <b>Rockledge FL</b> Zip <b>32955</b>		City & State <b>Rockledge FL</b> Zip <b>32955</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3521526</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MALIN, BRIAN E SR</b> <b>1345 CEPHEUS CT</b> <b>MERRITT ISLAND FL 32953</b>		7. Name and Address of New Registered Agent Name <b>Kenneth W. Lowe</b> Street Address (P.O. Box Number is Not Acceptable) <b>993 Alsop Dr.</b> City <b>Rockledge</b> <b>FL</b> Zip Code <b>32955</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MALIN, BRIAN E SR</b> <b>1345 CEPHEUS CT</b> <b>MERRITT ISLAND FL 32953</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOWE, KENNETH W</b> <b>993 ALSUP DR.</b> <b>ROCKLEDGE FL 32955</b>	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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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

**3-20-03**  
Date

**321-631-9145**  
Daytime Phone #

CR2E034 (10/02)