

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000058720

FILED
Jul 11, 2003
Secretary of State

Entity Name: PRISM, INCORPORATED

Current Principal Place of Business:

3504 LAKE LYNDA DRIVE
STE. 100-A
ORLANDO, FL 32817

New Principal Place of Business:

670 WEST PALM VALLEY DRIVE
STE. 100
OVIEDO, FL 32765

Current Mailing Address:

3504 LAKE LYNDA DRIVE
STE. 100-A
ORLANDO, FL 32817

New Mailing Address:

670 WEST PALM VALLEY DRIVE
STE. 100
OVIEDO, FL 32765

FEI Number: 59-3535889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HUSEMAN, RICHARD C PHD
Address: 3504 LAKE LYNDA DRIVE, STE. 100-A
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HUSEMAN, RICHARD C PHD
Address: 670 WEST PALM VALLEY DRIVE, STE. 100
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C. HUSEMAN

PSTD

07/11/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date