2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003
Secretary of State

DOCUMENT# P99000009665

Entity Name: THE BALLISTIC PIXEL LAB INC.

Current Principal Place of Business:

435 DOUGLAS AVE., STE. 2705
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

435 DOUGLAS AVE., STE. 2705
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3558731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATHIEU, DAVID
145 WORNALL DRIVE
SANFORD, FL 32771 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: PSD ( ) Delete
Name: MATHIEU, DAVID
Address: 145 WORNALL DRIVE
City-St-Zip: SANFORD, FL 32771

Title: EVP (X) Delete
Name: KOHLER, ERIC
Address: 4858 TELLSON PLACE
City-St-Zip: ORLANDO, FL 32812

Title: V ( ) Delete
Name: WORLEY, DONNIE
Address: 860 WESLEY CIRCLE, #302
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete
Name: JOBES, GREG
Address: 1353 WESTCHESTER AVE.
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID L. MATHIEU PRES 02/25/2003

Electronic Signature of Signing Officer or Director Date