FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90038 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90130934

DOCUMENT # P99000091891

1. Entity Name
FORCEDMATRIX.COM, INC.

Principal Place of Business: ~~3545 UNIVERSAL PKWY~~ ~~NEW PORT RICHEY, FL 34652~~

Mailing Address: ~~3545 UNIVERSAL PKWY~~ ~~NEW PORT RICHEY, FL 34652~~

2. Principal Place of Business: 2502 N. ROCKY POINT
Suite, Apt. #, etc. #860
City & State: TAMPA FL
Zip: 33607 Country: USA

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3651984 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER, JAMES R
~~2 NORTH FERNWOOD DRIVE~~ 2502 N. ROCKY POINT
~~UNIT 10~~ #860
~~CLEARWATER, FL 33765~~ TAMPA FL 33607

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 [signature] JAMES R BECKER CFO 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FREEMAN, DAMIAN	NAME	
STREET ADDRESS	~~2747 VIA CIPRIANI #513A~~	STREET ADDRESS	2502 N. ROCKY POINT #860
CITY-ST-ZIP	~~CLEARWATER, FL 33764~~	CITY-ST-ZIP	TAMPA FL 33607
TITLE	SCFO ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BECKER, JAMES R	NAME	
STREET ADDRESS	~~2 N. FERNWOOD DR #10~~	STREET ADDRESS	2502 N. ROCKY POINT #860
CITY-ST-ZIP	~~CLEARWATER, FL 33765~~	CITY-ST-ZIP	TAMPA FL 33607
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] JAMES R BECKER CFO 5/1/03 877-667-3463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #