FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DO NOT WRITE IN THIS SPACE

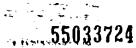
DOCUMENT # P 99000 104972-

Lambda Inc



Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90473 001 ***150.00 04-30-2003 90473 002 *****8.75



2. Principal Place of Business 401A Yelvington Ave 401 A Yelvi nation Ave Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 58-3513018 Applied For Clearwater FL 33755 learwater, FI Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Singhis **DO NOT WRITE** P.O. Box Number is Not Acceptable) IN THIS SPACE <u>Junedin</u> 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TITLE NAME Karen Singhis 1341 Robin Hood Lane NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Dunedin, FL 34698 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

April 21, 2003 727-449-8999

CR2E034B (12/02)