2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000109563

SHAMS, REZA

VIENNA, AUSTRIA,

ALSERSTRASSE 71/7 A-1080

Name:

Address: City-St-Zip:

Entity Name: COLANG SOFTWARE, INC.

FILED Feb 20, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1865 BRICKELL AVENUE #A-2007 808 BRICKELL KEY DRIVE MIAMI, FL 33129 1602 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** PO BOX 310396 808 BRICKELL KEY DRIVE MIAMI, FL 33231 1602 MIAMI, FL 33131 FEI Number: 65-0974767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SCHEHTMAN, TONY SCHEHTMAN, TONY Name: Name: 1865 BRICKELL AVENUE #A-2007 808 BRICKELL KEY DRIVE, SUITE 1602 Address: Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: MIAMI, FL 33131 () Delete Title: Title: () Change () Addition Name: BEHESHTI, OMID Name: POST OFFICE BOX 391387 Address: Address: MOUNTAIN VIEW, CA 940391387 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TONY SCHEHTMAN CFO 02/20/2002