

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90109 002 \*\*\*150.00

0062737

DOCUMENT # P99000111125  
 1. Entity Name  
**AVALONBEYOND, INC.**

Principal Place of Business 1211 HILLCREST STREET ORLANDO FL 32803	Mailing Address 1211 HILLCREST STREET ORLANDO FL 32803
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C0041238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-3624608</b>	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MORCROFT, HEATHER**  
 228 PARK AVENUE NORTH  
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent  
 Name **MORCROFT, HEATHER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5275 FAYARD ST.**  
 City **Orlando**, State **FL**, Zip Code **32812**

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.  
 SIGNATURE Heather Morcroft Heather Morcroft DATE 3/24/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, MIRANDA</b> <b>1211 HILLCREST STREET</b> <b>ORLANDO FL 32803</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERTRAM, DIGBY</b> <b>1211 HILLCREST STREET</b> <b>ORLANDO FL 32803</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01 407 895 7439  
 Date Daytime Phone #

CR2E034 (10/00)