


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

APPROVED
AND
FILED

03 MAY 29 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000061986
1. Entity Name
ComS.I.T., Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7431 114th Avenue North
Suite, Apt. #, etc.
Suite 101

3. Mailing Address
7431 114th Avenue North
Suite, Apt. #, etc.
Suite 101

2002-2003 UBR

City & State
Largo, FL

City & State
Largo, FL

Zip
33773 Country
USA

Zip
33773 Country
USA

4. FEI Number
59-3730479

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Derek Morgenstern

Street Address (P.O. Box Number is Not Acceptable)
7431 114th Avenue North Ste 101

City
Largo FL Zip Code
33773

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 Clark Minto Derek Morgenstern DATE 4/30/03

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Christian Meier</u> <u>33773</u> <u>7431 114th Ave N. Ste 101 Largo FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING Director</u> <u>Derek Morgenstern</u> <u>12091 Ridge Rd. Largo, FL 33778</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100020426291</u> <u>06/03/03--01069--013 **308.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like employees.

SIGNATURE: Clark Minto DATE 4/30/03 DAYTIME PHONE # 727 490-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)