

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-09-2003 90143 027 ***150.00

DOCUMENT # P02000092319



1. Entity Name
K3T, INC.

Principal Place of Business
**379 GLENBROOK DRIVE
ATLANTIS FL 33462**

Mailing Address
**379 GLENBROOK DRIVE
ATLANTIS FL 33462**

55046115



2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
51-0428876

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BOHANNON, KENNETH	
STREET ADDRESS	379 GLENBROOK DRIVE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOHANNON, KYLE	
STREET ADDRESS	379 GLENBROOK DRIVE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PASTMAN, NADEEN	
STREET ADDRESS	379 GLENBROOK DRIVE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOHANNON, TARA	
STREET ADDRESS	379 GLENBROOK DRIVE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

561 213 0842

Daytime Phone #

CR2E034 (10/02)