

APPROVED
AND
FILED

2001 Uniform Business Report

DOCUMENT # <i>P97000048740</i>				01 NOV -6 PM 4: 36	
1. Entity Name INNOVISION INTERNATIONAL CORP.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address		REINSTATEMENT <i>2001</i>	
Suite, Apt. #, etc. 1350 East Flamigo Road, Suite 807		Suite, Apt. #, etc. 1350 East Flamigo Road, Suite 807			
City & State Las Vegas, NEVADA		City & State Las Vegas, NEVADA			
4. FEI Number 650941051		Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
zip 89119	Country USA	zip 89119	Country USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT Corporation Systems 1200 South Pine Island Road Plantation, Florida 33323			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida					
Signature <i>Connie Bryan</i>		CONNIE BRYAN SPECIAL ASSISTANT SECRETARY		Date <i>11-6-01</i>	
Signature typed or printed name of registered agent and title if applicable (Note: Registered Agent signature required when reinstating)					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$140.00 After May 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Eric Littman 1170 East Flamigo Road Las Vegas, Nevada 89119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Andrew Munro (ANDREW MUNRO) 1350 East Flamigo Road #807 Las Vegas, Nevada 89119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 file this report or registered by Chapter 707, F.S., or a limited liability company as defined in Chapter 11 or 1300C 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Andrew Munro</i>		Andrew Munro, PSTD		Nov. 5, 2001 416-876-6696	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE NUMBER	

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****758.75 ****758.75