

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90149 022 ***150.00

DOCUMENT # P99000085436

1. Entity Name

BREITHAUP ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3150 ANCHORWAY CT. Suite, Apt. #, etc. APT E City & State FALLS CHURCH VA		3. Mailing Address 3150 ANCHORWAY CT. Suite, Apt. #, etc. APT E City & State FALLS CHURCH VA	
Zip 22042	Country USA	Zip 22042	Country USA

4. FEI Number 593600366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name RONALD G. LAURIA	
Street Address (P.O. Box Number is Not Acceptable) 620 CRANES WAY, SUITE 207	
City ALTAMONTE SPGS FL	Zip Code 32701

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE P	NAME MARK BREITHAUP	TITLE	
STREET ADDRESS 3150 ANCHORWAY CT. APT E	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP FALLS CHURCH VA. 22042	CITY-ST-ZIP	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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE Mark Breithaupt MARK BREITHAUP 4-25-02 303-914-4169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #