

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90348 034 \*\*\*150.00

**DOCUMENT # F96000005060**

1. Entity Name  
~~LIBERTY SYSTEMS, INC.~~ *Resideworld.com, Inc.*

Principal Place of Business 906 N PINE HILLS RD ORLANDO FL 32808 US	Mailing Address 906 N PINE HILLS RD ORLANDO FL 32808-7247 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <i>800 Washington Ave. N.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 200</i>	
City & State		City & State <i>Minneapolis, MN</i>	
Zip	Country	Zip	Country
		<i>55401</i>	<i>USA</i>

4. FEI Number <b>41-1783839</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DIRUZZA, EDMOND</b> <b>8449 ISLAND PALM CIRCLE</b> <b>ORLANDO FL 32835</b>		7. Name and Address of New Registered Agent	
		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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPST</b> <b>DAVIES, ED</b> <b>906 N PINE HILLS RD</b> <b>ORLANDO FL 32808</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>800 Washington Ave. N. Suite 200</i> <i>Minneapolis, MN 55401</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCV</b> <b>DIRUZZA, EDMOND</b> <b>906 N PINE HILLS RD</b> <b>ORLANDO FL 32808</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Eric Beringause</i> <i>800 Washington Ave. N. Suite 200</i> <i>Minneapolis, MN 55401</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Ken Cutler</i> <i>800 Washington Ave. N. Suite 200</i> <i>Minneapolis, MN 55401</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Dan Beckwith</i> <i>800 Washington Ave. N. Suite 200</i> <i>Minneapolis, MN 55401</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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]* **4-27-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)