

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90308 014 ***150.00

DOCUMENT # F99000005351

1. Entity Name
GOFISH.COM, INC.

Principal Place of Business
**511 CONGRESS STREET, 6TH FLOOR
 PORTLAND ME 04101**

Mailing Address
**511 CONGRESS STREET, 6TH FLOOR
 PORTLAND ME 04101**

708137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2 MONUMENT SQ
 Suite, Apt. #, etc.
9TH FLOOR

3. Mailing Address
PO BOX 15340
 Suite, Apt. #, etc.

City & State
PORTLAND ME

City & State
PORTLAND ME

4. FEI Number **01-0529012**

Applied For
 Not Applicable

Zip
04101

Country

Zip
04101

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$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	PDT WORKMAN, NEAL P 511 CONGRESS STREET PORTLAND ME 04101	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEATHERBIE, DAVID 511 CONGRESS STREET PORTLAND ME 04101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIPER, JONATHAN S ONE CITY CENTER PORTLAND ME 04101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLPE, THOMAS 511 CONGRESS STREET PORTLAND ME 04101	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN CUMMINGS P.O. BOX 15340, 2 MONUMENT SQ PORTLAND, ME 04101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O BOX 15340, 2 MONUMENT SQ PORTLAND ME 04101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL L. SHEEHAN ASSISTANT SECRETARY ONE CITY CENTER PORTLAND ME 04101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 entered.

SIGNATURE: *David Weatherbie*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 *207-773-3533*
 Date Daytime Phone #

CR2E034 (10/00)