

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90027 025 ***150.00

DOCUMENT # P00000018689

1. Entity Name
TERRA NETWORKS OPERATIONS, INC.

Principal Place of Business 1201 BRICKELL AVENUE., SUITE 700 ATTN: ACCOUNTING DEPARTMENT MIAMI FL 33131	Mailing Address 1201 BRICKELL AVENUE., SUITE 700 ATTN: ACCOUNTING DEPARTMENT MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 400-2 TOTTEN POND RD Suite, Apt. #, etc.	3. Mailing Address 400-2 TOTTEN POND RD Suite, Apt. #, etc. ATTN: LEGAL DEPT.
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City & State WALTHAM, MA	City & State WALTHAM, MA
Zip 02451	Zip 02451
Country USA	Country USA

4. FEI Number 65-0994978	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BELLOD, MANUEL 1201 BRICKELL AVE MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA-URGELES, ANTONIO 1201 BRICKELL AVE MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT RODRIGUEZ, FERNANDO 1201 BRICKELL AVE MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COUSE, RAISSA 1201 BRICKELL AVE MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MENENDEZ CAMBO, PATRICIA 1201 BRICKELL AVE MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AND PRESIDENT KILLEEN, STEPHEN 400-2 TOTTEN POND RD WALTHAM, MA 02451 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, VP AND TREASURER LUCY, BRIAN 400-2 TOTTEN POND RD WALTHAM, MA 02451 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SULLIVAN, DANIEL 400-2 TOTTEN POND RD WALTHAM, MA 02451 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY KAROL, PETER 400-2 TOTTEN POND RD WALTHAM, MA 02451 <input type="checkbox"/> Change <input checked="" 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	<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: Brian Lucy **BRIAN LUCY** 315/02 781-370-2706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)