


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000037324		
1. Entity Name CYBERADS, INC.		
Principal Place of Business 6001 PARK OF COMMERCE BLVD, Suite 200 BOCA RATON, FL 33487		Mailing Address <del>3350 NW BOCA RATON BLVD. (NW 2ND AVE)</del> <del>SUITE A 11</del> BOCA RATON, FL 33431
2. Principal Place of Business		3. Mailing Address 6001 PARK OF Commerce Blvd.
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 200
City & State		City & State BOCA RATON, FL
Zip	Country	Zip 33487 Country
4. FEI Number		Applied For Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
BRYN, MARK J 2 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when dissolving)</small>		
<div style="border: 1px solid black; padding: 2px; font-size: small;">                 FILE NOW WITH FEE IS \$150.00.                  After May 17, 2003 Fee will be \$550.00.                  Make Check Payable to: Florida Department of State             </div>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINSON, LAWRENCE 3350 NW BOCA RATON BLVD. (NW 2ND AVE)A-44 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLINE, ROBERT 3350 NW BOCA RATON BLVD. (NW 2ND AVE)A-44 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGNO, MIKE 3350 NW BOCA RATON BLVD. (NW 2ND AVE)A-44 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/03 <small>Date</small>

CR2E034 (10/02)