

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90014 049 ***150.00

DOCUMENT # P93000049914

1. Entity Name
LIFE.COM, INC.

Principal Place of Business
**11811 U.S. HIGHWAY ONE
 SUITE 101
 NORTH PALM BEACH FL 33408
 US**

Mailing Address
**11811 U.S. HIGHWAY ONE
 SUITE 101
 NORTH PALM BEACH FL 33408-2876
 US**

602002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0423422

Applied For
 Not Applicable

Zip

Country

Zip

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

**ANDERSON, WILLIAM P
 11811 U.S. HIGHWAY ONE
 SUITE 101
 NORTH PALM BEACH FL 33408**

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 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	Delete
V	CHRISTIE, KAREN	P.O. BOX 088888	NORTH PALM BEACH FL 33408	<input checked="" type="checkbox"/>
DC	MORSE, PETER C	200 FOUR FALLS CORPORATE CTR.	WEST CONSHOHOCKEN PA	<input type="checkbox"/>
CPD	ANDERSON, WILLIAM P	11811 U.S. HIGHWAY ONE, STE 101	NORTH PALM BEACH FL	<input type="checkbox"/>
D	POLINER, RANDALL E	10270 SOUTH TROPICAL TRAIL	MERRITT ISLAND FL	<input type="checkbox"/>
D	GRAYSON, BRUNS H	1 SOUTH STREET, SUITE 2150	BALTIMORE MD	<input type="checkbox"/>
SRV	CAMPBELL, SARA	P.O. BOX 088888 N/A	NORTH PALM BEACH FL 33408	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Robert O'Block	75 Park Plaza, 3 rd Floor	Boston MA 02116-3934	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S, SRV	Peter W. Minford	11811 US Highway One, Suite 101	North Palm Beach, FL 33408	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SRV	G. Cotter Cunningham	11811 US Highway One, Suite 101	North Palm Beach, FL 33408	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Robert J. DeFranco	11811 US Highway One, Suite 101	North Palm Beach, FL 33408	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Robert J. DeFranco* Robert J. DeFranco 1/4/00 561.630.1230
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2-E034 (9/99)