2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000012019 1. Entity Name

COSMOS ONLINE USA CORP.

FILED Apr 16, 2001 8:00 am Secretary of State 04-16-2001 90016 048 ***150.00

Principal Place of Business Sale			ĺ					Ì						
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City & State City & State City & State City & State A. FEI Number 65-0886404 Applicable Next Applicable Next Applicable Next Applicable Next Applicable State Desired State Desired State Sta		· · · · · · · · · · · · · · · · · · ·							1 (484)(484) (18 14)(4 14)(4 84)(4 84)(4 84)(4 84)(4 84)(4 14					
Stock Applicable Stock Appli	Suite, Apt.	#, etc.	i	ļ	Suite, Apt. #, etc.					DO NOT W	RITE IN TH	IS SPACE		
6. Name and 'Address of Current Registered Agent 7. Name and Address of New Registered Agent ARCIA-VIDAL, RACIUL EXO COLUMBUS CENTER SUITE 1450 ONE ALHAMBRA PLAZA CORAL GABLES FL 33134 Cry FL Zip Code 6. The above named entity such miss this statement for the purpose of changing as registered agent, or both, in the State of Fords. SIGNATURE Signature, had or preference of registered agent and the systems. Quite Registered agent, or both, in the State of Fords. SIGNATURE Signature, had or preference of registered agent and the systems. Quite Registered agent, or both, in the State of Fords. SIGNATURE Signature, had or preference of registered agent and the systems. Quite Registered agent, or both, in the State of Fords. SIGNATURE Signature, had or preference of registered agent and the systems. Quite Registered agent, or both, in the State of Fords. SIGNATURE Signature, had or preference of registered agent and the systems. Quite Species to do so. (See criteria on back) OATE PLE NOW!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State MACAZAGA, RAUL SIGNATURE Defection Campaign Financing Trust Fund Contribution. SASON May 96 Address of Press Address of Press Address of Press SIGNATURE Defection Campaign Financing Trust Fund Contribution. Address of Press Address of Press Address of Press Signature, had species of the systems. Agent species with remeticing) DACAZAGA, RAUL SIGNATURE MACAZAGA, RAUL SIGNATURE MACAZAGA, RAUL SIGNATURE MACAZAGA, RAUL SIGNAT JAPP MACAZAGA, RAUL	City & State				City & State .			4. 1	FEI Number	65-0886	104			
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CORAL GABLES FL 33134 City FL Zio 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, types or preparation of registered agent and told if applicable. (NOTE Registered Agent Signature required when remitted) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See orferia on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE NAME STREET ADDRESS CITY-S1-2P TITLE SEGUNDO RETORNO PABLO DE LA LLAVE 35-2 STREET ADDRESS CITY-S1-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-2P CITY-S1-2P TITLE NAME STREET ADDRESS CITY-S1-2P CI	COLUMBUS CENTER SUITE 1450						Street Address (P.O. Box Number is Not Acceptable)							
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9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. Secritoria on back Secr	SIGNATURE	Signature, typed or	printed name of reg	listered agent and	title if applicable. (NOT	E: Registere	ed Agent signature	e required when re	einstating)		DATI	E		
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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			<u>.</u>	and and a state of the	- Olim and and a service of			d (a O - 10 - 1	140.03(0)(1)	9	. 16			

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 accuracy, with all other like empowered.

SIGNATURE: