2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034211

1. Entity Name
WRIWEBS.COM, INC.

FILED
00 OCT 20 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 100 E. Sample Road, Suite 210, Pompano Beach, FL 33064
Mailing Address: (same)

2. Principal Place of Business	3. Mailing Address
100 E. Sample Rd.	
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.:
City & State: Pompano Beach	City & State:
Zip: 33064 Country: USA	Zip: Country:

REINSTATEMENT 2000

4. FEI Number: 65-0827698 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Jeffrey B. Levy, ESQ.
Levy & Shaman, P.A.
100 SE 6th Street
Ft. Lauderdale, FL 33301

7. Name and Address of New Registered Agent
Name: Jeffrey B. Levy
Street Address (P.O. Box Number is Not Acceptable): Levy & Shaman, P.A., 100 SE. 6th Street
City: Ft. Lauderdale FL Zip Code: 33301

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] Jeffrey B. Levy 8/8/00
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	President (Vice) ~~PD~~ VSD ☒ Delete ~~Michael A. Caputa~~ Michael Unik 1500 E. Atlantic Blvd. Pompano Beach, FL 33060	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Chief Executive Officer Michael A. Caputa 100 E. Sample Rd, Suite 210 Pompano Beach, FL 33064
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Etc~~ President ☒ Delete J. Bruce Gleason PTD 1500 E. Atlantic Pompano Beach, FL. 33060	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Secretary Jeffrey B. Levy 100 E. Sample Rd, Suite 210 Pompano Beach, FL. 33064
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☒ Addition ~~Jonathan Grant~~ Director 100 E. Sample Rd. Pompano Beach, FL 33064
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☒ Addition Director Robert Cole 100 E. Sample Rd Pompano Beach, FL 33064
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Change~~ ☐ Addition ~~Officer~~ ~~Bob Grant~~ ~~100 E. Sample Road Suite 210~~ ~~Pompano Beach, FL 33064~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200003455822 3 -11/07/00--01108--001 ****750.00 ****150.00

CR2E034 (9/99)

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: [signature] 8/8/00 954 522-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #