2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED

FILED Mar 25, 2000 8:00 am DOCUMENT # **P98000099175** 1. Entity Name **Secretary of State** 1ST INTERNET GROUP, INC. 03-25-2000 90004 036 ***150.00 Principal Place of Business Mailing Address 5883 LAKE WORTH ROAD 5883 LAKE WORTH ROAD LAKE WORTH FL 33463 LAKE WORTH FL 33463-3209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0840599 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORLEY, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 5883 LAKE WORTH ROAD LAKE WORTH FL 33463 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Delete Change CORLEY, WILLIAM H NAME NAME 5883 LAKE WORTH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP ۷D De ete Change ☐ Addition GRAHAM, MICHAEL J NAME NAME 5883 LAKE WORTH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP ÌIÌLÉ De'ete Change Addition TITLE LING, JASON NAME NAME STREET ADDRESS **5883 LAKE WORTH ROAD** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL 33463 TITLE ☐ Delete TITLE Change Addition DOLL, THOMAS NAME NAME STREET ADDRESS **5883 LAKE WORTH ROAD** STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME FISHER, MICHAEL NAME 5883 LAKE WORTH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a address, with all other like empowered.

3/15/00 561-642-2811 Daytime Phone #