

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90449 046 \*\*\*150.00

DOCUMENT # P99000018994 ✓  
1. Entity Name

NOTHING But NET, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1961 SE 17 CT</u>	3. Mailing Address <u>1961 SE 17 CT</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>LAud By the sea FL</u>	City & State <u>LAud By the sea FL</u>
Zip <u>33062</u>	Zip <u>33062</u>
Country <u>USA</u>	Country <u>USA</u>

4. FEI Number <u>650898629</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable
<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>TIMOTHY P Woodrum</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2000 BANKS Rd</u>	
<u>#283</u>	
City <u>MARGATE</u>	Zip Code <u>FL 33063</u>

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 Timothy P. Woodrum 4/30/02  
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. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>MARK TEXERIA</u> <u>2000 BANKS Rd #223</u> <u>MARGATE, FL 33063</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>TIMOTHY P WOODRUM</u> <u>2000 BANKS Rd</u> <u>MARGATE, FL 33063</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy P Woodrum 4/30/02 954-782-7660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)