

DOCUMENT # P99000057434

1. Entity Name  
PSYCHOLOGY NETWORK.COM, INC.

FILED

00 FEB 28 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
20801 BISCAYNE BLVD., SUITE 400 MIAMI FL 33180  
20801 BISCAYNE BLVD., SUITE 400 MIAMI FL 33180-1423



DO NOT WRITE IN THIS SPACE  
1/20/00 90140 008 \$150.00

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number  
05-0791698 Applied For Not Applicable

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

~~DEWING, DAVID~~  
20801 BISCAYNE BLVD., SUITE 400 MIAMI FL 33180

Name DANI - ITZHAKI  
Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD #400  
City AVENTURA FL Zip Code 33180

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]* (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	PD	<input type="checkbox"/> Delete
NAME	HIRSCH, MARK	
STREET ADDRESS	20801 BISCAYNE BLVD., SUITE 400	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ITZHAKI, DANI	
STREET ADDRESS	20801 BISCAYNE BLVD., SUITE 400	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an address, with authority empowered.

SIGNATURE: *[Signature]* DATE: 1/11/2000 DAYTIME PHONE #

CR2E034 (9/99)