

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90187 027 ***158.75

DOCUMENT # P99000063124

1. Entity Name
NETBYTEL, INC.



Principal Place of Business
**1141 S ROGERS CIRCLE
SUITE 9
BOCA RATON FL 33487**

Mailing Address
**1141 S ROGERS CIRCLE
SUITE 9
BOCA RATON FL 33487**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0936377**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS & ANGELL, LLP
250 ROYAL PALM WAY
STE 300
PALM BEACH FL 33480-4309**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip 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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GARZA, LEON <input type="checkbox"/> Delete 3010 NE 35TH PLACE FORT LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANITZER, RUSS <input type="checkbox"/> Delete 30 ROCKFELLER PLAZA 48TH FLOOR NEW YORK NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESZNIK, JOEL <input type="checkbox"/> Delete 470 MAIN ST STE 315 RIDGEFIELD CT 06877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELLERT, JAMES <input type="checkbox"/> Delete 122 E 42ND ST NEW YORK NY 10168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUSSRALLAH, STEVE <input type="checkbox"/> Delete 9 NORTHSIDE PARKWAY N.W. ATLANTA GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, TOM <input type="checkbox"/> Delete SPEAR STREE TOWER STE 3700 ONE MARKET SAN FRANCISCO CA 94105

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 14, 2003
Date

Daytime Phone # _____