

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000001791

FILED
Mar 21, 2002 8:00 AM
Secretary of State

Entity Name: CYBEAR INC.

Current Principal Place of Business:

5000 BLUE LAKE DRIVE, SUITE 200
BOCA RATON, FL 33431

New Principal Place of Business:

5000 T-REX AVENUE
SUITE 200
BOCA RATON, FL 33431

Current Mailing Address:

4955 ORANGE DRIVE
ATTN: ALLISON LICHTER
DAVIE, FL 33314

New Mailing Address:

FEI Number: 13-3936988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LODIN, SCOTT
4955 ORANGE DRIVE
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C (X) Delete
Name: KLEIN, JOHN H
Address: 5000 BLUE LAKE DRIVE, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: VPT () Delete
Name: MALAHIAS, ANGELO C
Address: 4955 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

Title: SD () Delete
Name: LODIN, SCOTT
Address: 4955 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: COHEN, ALAN P
Address: 4955 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

Title: CEOP (X) Delete
Name: NOLAN, TIMOTHY E
Address: 5000 BLUE LAKE DRIVE SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: EVP (X) Delete
Name: MOSKOW, ERIC D MD
Address: 5000 BLUE LAKE DR, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MOSKOW, ERIC
Address: 4955 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT LODIN

Electronic Signature of Signing Officer or Director

D/S

03/21/2002

Date