

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90145 029 ***150.00

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AV

DOCUMENT # P02000045761

1. Entity Name
24/7 MAIL, INC.



Principal Place of Business
**999 YAMATO ROAD SUITE 300
BOCA RATON FL 33431**

Mailing Address
**999 YAMATO ROAD SUITE 300
BOCA RATON FL 33431**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARAGONA, JOE	
STREET ADDRESS	701 BRAZOS STREET SUITE 1400	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAUSER, MICHAEL	
STREET ADDRESS	999 YAMATO ROAD SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KILLEEN, JEFF	
STREET ADDRESS	350 JORDAN ROAD	
CITY-ST-ZIP	TROY NY 12180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEITH, ROBERT	
STREET ADDRESS	435 DEVON PARK DRIVE THE 700 BUILDING	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERLIS, MICHAEL	
STREET ADDRESS	28 E 28TH STREET 15TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRYKER, CHARLES W	
STREET ADDRESS	1156 BOWMAN ROAD SUITE 200	
CITY-ST-ZIP	MT PLEASANT SC 29464	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK E. MILLER	
STREET ADDRESS	1550 PEACHTREE ST., NW	
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT E. MAST	
STREET ADDRESS	1550 PEACHTREE ST., N.W.	
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL G. SCHIRK	
STREET ADDRESS	1550 PEACHTREE ST., N.W.	
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHRYN J. HARRIS	
STREET ADDRESS	1550 PEACHTREE ST., NW	
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: KATHRYN J. HARRIS **KATHRYN J. HARRIS** 2/26/03 885-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment #

90045972

PO2000045761

\\INCOM\Corporate Data\24_7 Mail, Inc.xls\Officers
Date of Latest Update:

247 Mail, Inc.
1550 Peachtree Street, N.W.
Atlanta, Georgia 30309

OFFICERS

TITLE/POSITION	NAME	RESIDENTIAL ADDRESS	BUSINESS ADDRESS
President	Mark E. Miller	3280 Northside Drive, #502, Atlanta, GA 30327	1550 Peachtree St., Atlanta, GA 30309
Vice President	Michael Brauser		999 Yamato Road, Boca Raton, FL 33431
Secretary	Kent E. Mast	4252 Wienuca Overlook, NE, Atlanta, GA 30342	1550 Peachtree St., Atlanta, GA 30309
Treasurer	Michael G. Schirk	1614 Alderbrook Road, Atlanta, Georgia	1550 Peachtree Street, Atlanta, GA 30309
Asst. Treasurer	Michael S. Garrett	8660 Hope Mews Court, Atlanta, GA 30350	1550 Peachtree Street, Atlanta, GA 30309
Asst. Secretary	Kathryn J. Harris	3325 Sleepy Lane, Smyrna, GA 30080	1550 Peachtree St., Atlanta, GA 30309

DIRECTORS

NAME	RESIDENTIAL ADDRESS
Kent E. Mast	4252 Wienuca Overlook, NE, Atlanta, GA 30342
	1550 Peachtree St., Atlanta, GA 30309

ALL OFFICERS AND DIRECTORS WERE ELECTED TO THEIR POSITIONS IN JULY 1999