

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90027 022 ***150.00

DOCUMENT # F00000002308 1. Entity Name IKOMMUNITY.COM, INC.																																																																																							
Principal Place of Business 2101 AUSTRALIAN AVENUE WEST PALM BEACH FL 33407		Mailing Address 2101 AUSTRALIAN AVENUE WEST PALM BEACH FL 33407																																																																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																					
City & State		City & State																																																																																					
Zip	Country	Zip	Country																																																																																				
6. Name and Address of Current Registered Agent CORPORATE CREATIONS INTERNATIONAL, INC. 941 FOURTH STREET, #200 MIAMI BEACH FL 33139		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. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State																																																																																					
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left; padding: 2px;">12. 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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.																																																																																							
SIGNATURE: _____ HAROLD CALVIN RAY 561 832 6077 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																							



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)