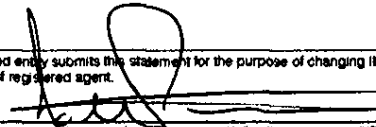
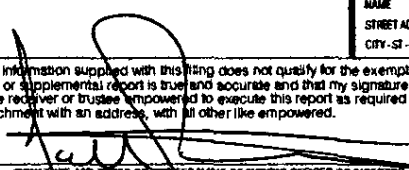


FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90144 043 ***150.00

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

DOCUMENT # F00000003533					
1. Entity Name KILLERINFO.COM, INC.					
Principal Place of Business 306 SWEETWATER COVE BLVD N LONGWOOD, FL 32779			Mailing Address PO BOX 916909 LONGWOOD, FL 32791 69		
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 59-3652899				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		
PURVIS, SCOTT L 306 SWEETWATER COVE BLVD N LONGWOOD, FL 32779			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  DATE					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	C	NAME	MARKOFF, STEVEN C	☐ Delete	
STREET ADDRESS		STREET ADDRESS	100 WILSHIRE BLVD., THIRD FLOOR		
CITY-STATE-ZIP		CITY-STATE-ZIP	SANTA MONICA, CA 90401		
TITLE	VCPS	NAME	PURVIS, SCOTT	☐ Delete	
STREET ADDRESS		STREET ADDRESS	306 SWEETWATER COVE BLVD., N		
CITY-STATE-ZIP		CITY-STATE-ZIP	LONGWOOD, FL 32779		
TITLE		NAME		☐ Delete	
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE		NAME		☐ Delete	
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE		NAME		☐ Delete	
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE		NAME		☐ Delete	
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE		NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE		NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE		NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-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:  DATE 4/6/03 DAYTIME PHONE # 407 786 5555					