

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2001 8:00 am**  
**Secretary of State**

09-11-2001 90004 025 \*\*\*550.00

**DOCUMENT # F00000004745**

1. Entity Name  
**EPRODUCTIVITY.COM, INC.**

Principal Place of Business

~~50 WELLESLEY AVENUE~~  
~~WELLESLEY MA 02482~~  
**2300 WENDY RIDGE PKWY, #1505**  
**ATLANTA, GA 30339**

Mailing Address

~~50 WELLESLEY AVENUE~~ **2300 WINDY**  
~~WELLESLEY MA 02482~~ **RIDGE PKWY, #1505**  
**ATLANTA, GA 30339**

**A0084876**



2. Principal Place of Business

**2300 WENDY RIDGE PKWY.**

3. Mailing Address

**2300 WENDY RIDGE PKWY.**

Suite, Apt. #, etc.

**150 - SOUTH**

Suite, Apt. #, etc.

**150 - SOUTH**

City & State

**ATLANTA, GA**

City & State

**ATLANTA, GA 30339**

4. FEI Number

**51-0388861**

Applied For

Not Applicable

Zip

**30339**

Country

**USA**

Zip

**30339**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PCD SANDERS, AARON**  
STREET ADDRESS ~~50 WELLESLEY AVENUE~~ **2300 WINDY RIDGE PKWY**  
CITY-ST-ZIP ~~WELLESLEY MA 02482~~ **ATLANTA, GA 30339**

TITLE ☐ Delete  
NAME **SD CARTER, BILL**  
STREET ADDRESS ~~50 WELLESLEY AVENUE~~ **2300 WENDY RIDGE PKWY.**  
CITY-ST-ZIP ~~WELLESLEY MA 02482~~ **ATLANTA, GA 30339**

TITLE ☒ Delete  
NAME **D. MATTESON, LAWRENCE**  
STREET ADDRESS ~~50 WELLESLEY AVENUE~~ **2300 WINDY RIDGE PKWY.**  
CITY-ST-ZIP ~~WELLESLEY MA 02482~~ **ATLANTA, GA 30339**

TITLE ☐ Delete  
NAME **D SONNENFELD, JEFFREY**  
STREET ADDRESS ~~50 WELLESLEY AVENUE~~ **2300 WINDY RIDGE PKWY**  
CITY-ST-ZIP ~~WELLESLEY MA 02482~~ **ATLANTA, GA 30339**

TITLE ☐ Delete  
NAME **D JACKMAN, SEAN**  
STREET ADDRESS ~~50 WELLESLEY AVENUE~~ **2300 WINDY RIDGE PKWY.**  
CITY-ST-ZIP ~~WELLESLEY MA 02482~~ **ATLANTA, GA 30339**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **D MANSOO LEE (Last name LEE)**  
STREET ADDRESS **2300 WINDY RIDGE PKWY.**  
CITY-ST-ZIP **ATLANTA, GA 30339**

TITLE ☐ Change ☒ Addition  
NAME **D LEANE LEVETAN (Last Name LEVETAN)**  
STREET ADDRESS **2300 WENDY RIDGE PKWY.**  
CITY-ST-ZIP **ATLANTA, GA 30339**

TITLE ☒ Change ☐ Addition  
NAME **D. JACKMAN, SEAN (AND ALL NAMES)**  
STREET ADDRESS **ALL NAMES (NEW ADDRESS FOR ALL DIRECTORS)**  
CITY-ST-ZIP **2300 WENDY RIDGE PKWY. ATLANTA, GA 30339**

TITLE ☒ Change ☐ Addition  
NAME **D SONNENFELD, JEFFREY**  
STREET ADDRESS **2300 WINDY RIDGE PKWY.**  
CITY-ST-ZIP **ATLANTA, GA 30339**

TITLE ☒ Change ☐ Addition  
NAME **PCD SANDERS, AARON**  
STREET ADDRESS **2300 WENDY RIDGE PKWY., #1505**  
CITY-ST-ZIP **ATLANTA, GA 30339**

TITLE ☒ Change ☐ Addition  
NAME **SD CARTER, BILL**  
STREET ADDRESS **2300 WENDY RIDGE PKWY., #1505.**  
CITY-ST-ZIP **ATLANTA, GA 30339**

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 no other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**AARON SANDERS**

**7/2/01**

**770-980-1005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)