

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
 03-26-2001 90009 030 \*\*\*150.00

0006787

**DOCUMENT # F00000006905**

1. Entity Name

**INFORMATION SERVICES EXTENDED, INC.**

Principal Place of Business

Mailing Address

6301 N.W. 5TH WAY, 4TH FLOOR  
 FT. LAUDERDALE FL 33309

6301 N.W. 5TH WAY, 4TH FLOOR  
 FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**22-3763462**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

*Paid # 7131 3/22/01*

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.

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 \$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.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME PD  
 STREET ADDRESS MCCLAIN, THOMAS P  
 CITY-ST-ZIP 535 MADISON AVENUE  
 NEW YORK NY 10022

TITLE  Change  Addition  
 NAME D  
 STREET ADDRESS Ann Finlayson  
 CITY-ST-ZIP 535 Madison Ave  
 New York, NY 10022

TITLE  Delete  
 NAME VD  
 STREET ADDRESS EVANS, KEITH B  
 CITY-ST-ZIP 535 MADISON AVENUE  
 NEW YORK NY 10022

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VD  
 STREET ADDRESS BUCHANAN, WILLIAM H JR.  
 CITY-ST-ZIP 535 MADISON AVENUE  
 NEW YORK NY 10022

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME T  
 STREET ADDRESS HUTZEL, THOMAS J  
 CITY-ST-ZIP 535 MADISON AVENUE  
 NEW YORK NY 10022

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Ann Finlayson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Interim Controller

Date

3/22/01 (212) 326-9257  
 Daytime Phone #

CR2E034 (10/00)