

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91500 045 \*\*\*150.00

**DOCUMENT # F00000006905**

1. Entity Name

**INFORMATION SERVICES EXTENDED, INC.**

Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

**22-3763462**

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

**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, 2002 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 PD ☒ Delete  
 NAME MCCLAIN, THOMAS P  
 STREET ADDRESS 535 MADISON AVENUE  
 CITY-ST-ZIP NEW YORK NY 10022

TITLE CPD ☐ Change ☒ Addition  
 NAME ED DOWNS  
 STREET ADDRESS 6301 NW 5th Way- Suite 4000  
 CITY-ST-ZIP Fort Lauderdale FL 33309

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

TITLE D ☐ Change ☒ Addition  
 NAME Marshall Phelps  
 STREET ADDRESS 6301 NW 5th Way- Suite 4000  
 CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

TITLE D ☐ Change ☒ Addition  
 NAME Rand P. Mulford  
 STREET ADDRESS 6301 NW 5th Way- Suite 4000  
 CITY-ST-ZIP Fort Lauderdale FL 33309

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

TITLE V ☐ Change ☒ Addition  
 NAME Steven Klein  
 STREET ADDRESS 6301 NW 5th Way- Suite 4000  
 CITY-ST-ZIP Fort Lauderdale FL 33309

TITLE D ☒ Delete  
 NAME FINLAYSON, ANN  
 STREET ADDRESS 535 MADISON AVENUE  
 CITY-ST-ZIP NEW YORK NY 10022

TITLE S ☐ Change ☒ Addition  
 NAME Gerson Brisola  
 STREET ADDRESS 6301 NW 5th Way. Suite 4000  
 CITY-ST-ZIP Fort Lauderdale FL 33309

TITLE ☒ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
 NAME Mike Hill  
 STREET ADDRESS 1133 Westchester Ave.  
 CITY-ST-ZIP White Plains, NY 10604

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

(954) 689-6292

Daytime Phone #

CR2E034 (9/01)