

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000001283

Entity Name: EZMONEY.COM CORP.

FILED
Jan 03, 2003
Secretary of State

Current Principal Place of Business:

6917-23 5TH AVE.
BROOKLYN, NY 11209

New Principal Place of Business:

Current Mailing Address:

6917-23 5TH AVE.
BROOKLYN, NY 11209

New Mailing Address:

FEI Number: 11-3498753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVCIES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: CARONE, FRANK
Address: 6917-23 5TH AVE.
City-St-Zip: BROOKLYN, NY 11209

Title: V () Delete
Name: AXELROD, JANICE
Address: 6917-23 5TH AVE.
City-St-Zip: BROOKLYN, NY 11209

Title: S () Delete
Name: GRAMA, MARC
Address: 6917-23 5TH AVE.
City-St-Zip: BROOKLYN, NY 11209

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CARIDI, MICHAEL
Address: 6917-23 5TH AVE.
City-St-Zip: BROOKLYN, NY 11209

Title: VP () Change (X) Addition
Name: ZIPPILLI, LORRAINE
Address: 6917-23 5TH AVE
City-St-Zip: BROOKLYN, NY 11209

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CARIDI

Electronic Signature of Signing Officer or Director

T

01/03/2003

Date