

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90114 043 \*\*\*150.00

**DOCUMENT # F96000001724**

1. Entity Name  
**INSTANT WEB, INC.**



Principal Place of Business  
**7951 POWERS BLVD  
CHANHASSEN MN 55317**

Mailing Address  
**7951 POWERS BLVD.  
CHANHASSEN MN 55317-9326**

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 **41-0946762**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**BEDDOR, FRANK  
4400 GULF SHORE BLVD N. #602  
NAPLES FL 34103**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete  
NAME **BEDDOR, FRANK JR**  
STREET ADDRESS **4400 GULF SHORE BOULEVARD NORTH**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ Delete  
NAME **BEDDOR, MICHELLE M**  
STREET ADDRESS **469 SOUTH CONVENT AVENUE #2**  
CITY-ST-ZIP **TUCSON AZ 85701**

TITLE **CEO & Director** ☐ Delete  
NAME **ANDERSEN, JAMES N**  
STREET ADDRESS **7951 POWERS BLVD.**  
CITY-ST-ZIP **CHANHASSEN MN 55317**

TITLE **CFO** ☐ Delete  
NAME **KARLE, PETE**  
STREET ADDRESS **7951 POWERS BLVD.**  
CITY-ST-ZIP **CHANHASSEN MN 55317**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Treasurer & Director of Finance** ☐ Change ☒ Addition  
NAME **Dan Axelsson**  
STREET ADDRESS **7951 Powers Boulevard**  
CITY-ST-ZIP **Chanhasen, MN 55317**

TITLE **Director & EVP-Sales & Marketing** ☐ Change ☒ Addition  
NAME **Tom Wicka**  
STREET ADDRESS **7951 Powers Boulevard**  
CITY-ST-ZIP **Chanhasen, MN 55317**

TITLE **Vice Chairman** ☐ Change ☒ Addition  
NAME **Steve Beddor**  
STREET ADDRESS **7951 Powers Boulevard**  
CITY-ST-ZIP **Chanhasen, MN 55317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/2003 952-474-0961**

Date

Daytime Phone #

CR2E034 (10/02)