

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006636 (2)**

1. Corporation Name
INTERNET DYNAMICS, INC.



Principal Place of Business 2505 S. FINLEY ROAD SUITE 116 LOMBARD IL 60148	Mailing Address 2505 S. FINLEY ROAD SUITE 116 LOMBARD IL 60148
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2100 WESTERN COURT Suite, Apt. #, etc. 22 SUITE 80 City & State 23 Lisle, IL Zip 24 60532		2a. Mailing Address 26 2100 WESTERN COURT Suite, Apt. #, etc. 27 SUITE 80 City & State 28 Lisle, IL Zip 29 60532		3. Date Incorporated or Qualified 12/18/1996	
				4. FEI Number 36-4009008	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIBET, MICHAEL B	1.2 NAME	JOSEPH TZENG
STREET ADDRESS	3525 CASS COURT, #817	1.3 STREET ADDRESS	1120 CHESTER AVE, SUITE 310
CITY-ST-ZIP	OAK BROOK IL 60521	1.4 CITY-ST-ZIP	CLEVELAND, OH 44114
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	LACHMAN, RONALD D	2.2 NAME	
STREET ADDRESS	3140 WHISPERWOODS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GOLDMAN, EZRA	3.2 NAME	
STREET ADDRESS	1720 SHAGBARK COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL 60585	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	COX, MAURY	4.2 NAME	
STREET ADDRESS	62 EAST BROAD STREET, 3RD FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	KAU, ANDREW	5.2 NAME	
STREET ADDRESS	750 BATTERY STREET, SUITE 700	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	ROWE, BRIAN	6.2 NAME	
STREET ADDRESS	13928 ARAPAHO TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOCKPORT IL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brian Rowe

BRIAN ROWE

1/8/98

630-953-7705

CR2E034 (10/97)