

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90162 015 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000006636

1. Corporation Name  
INTERNET DYNAMICS, INC.



Principal Place of Business

2100 WESTERN COURT  
SUITE 80  
LISUE IL 60532  
US

Mailing Address

2100 WESTERN COURT  
SUITE 80  
LISUE IL 60532  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/18/1996

4. FEI Number  
36-4009008

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business Blvd.  
21 3717 E. Thousand Oaks  
Suite, Apt. #, etc.

22 City & State  
23 Westlake Village, CA

24 91362 25 US

2a. Mailing Address Blvd.  
26 3717 E. Thousand Oaks  
Suite, Apt. #, etc.

27 City & State  
28 Westlake Village, CA

29 91362 30 US

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIBET, MICHAEL B	
STREET ADDRESS	3525 CASS COURT, #617	
CITY-ST-ZIP	OAK BROOK IL 60521	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	LACHMAN, RONALD D	
STREET ADDRESS	3140 WHISPERWOODS COURT	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, EZRA	
STREET ADDRESS	1720 SHAGBARK COURT	
CITY-ST-ZIP	NAPERVILLE IL 60565	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, MAURY	
STREET ADDRESS	62 EAST BROAD STREET, 3RD FLOOR	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAU, ANDREW	
STREET ADDRESS	750 BATTERY STREET, SUITE 700	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROWE, BRIAN	
STREET ADDRESS	13928 ARAPAHO TRAIL	
CITY-ST-ZIP	LOCKPORT IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Peter Selda	
1.3 STREET ADDRESS	6084 Frangans Way	
1.4 CITY-ST-ZIP	Woodland Hills, CA 91367	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Crandell, Keith	
2.3 STREET ADDRESS	8725 W. Higgins Rd. Ste. 290	
2.4 CITY-ST-ZIP	Chicago, IL 60631	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Treybig, Jimmy	
3.3 STREET ADDRESS	10915 Bee Caves	
3.4 CITY-ST-ZIP	Austin, TX 78733	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tzeng, Joseph	
4.3 STREET ADDRESS	1120 Chester Ave.	
4.4 CITY-ST-ZIP	Cleveland, OH 44114	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chua, Joo Hock	
5.3 STREET ADDRESS	#3 Lagoon Drive, Ste. 220	
5.4 CITY-ST-ZIP	Redwood City, CA 94065	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	William M. McKay	
6.3 STREET ADDRESS	24606 Overland Drive	
6.4 CITY-ST-ZIP	West Hills, CA 91304	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William McKay 4/23/99 (805) 370-2200

Date

Daytime Phone #

CR2E034 (11/98)

0559528