

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0145401 AV

DOCUMENT # F99000001455

1. Entity Name
INTERNET CATALOG SERVICES, INC.

04-11-2002 90697 022 ***150.00

Principal Place of Business
**1111 WASHINGTON STREET
 HOLLYWOOD FL 33019**

Mailing Address
**1111 WASHINGTON STREET
 HOLLYWOOD FL 33019**



2. Principal Place of Business
4221 Thomas Street
 Suite, Apt. #, etc.

3. Mailing Address
4221 Thomas Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hollywood, FL
 Zip
33021

City & State
Hollywood FL
 Zip
33021

4. FEI Number
66-0541046

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BROCKMAN, DAVID
 1111 WASHINGTON STREET
 HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4221 Thomas Street
 City
Hollywood FL Zip Code
33021

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 _____ (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

TITLE
 NAME **P BROCKMAN, DAVID** ☐ Delete
 STREET ADDRESS **1111 WASHINGTON ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE
 NAME **T SCHAFFER, ANNA** ☒ Delete
 STREET ADDRESS **1111 WASHINGTON ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **4221 Thomas Street**
 CITY-ST-ZIP **Hollywood, FL 33021**

TITLE
 NAME **ROSE, SHELLEY** ☒ Change ☐ Addition
 STREET ADDRESS **4221 Thomas Street**
 CITY-ST-ZIP **Hollywood FL 33021**

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

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

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

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

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: **DAVID BROCKMAN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 15, 2002 (954) 964-3800
 Date Daytime Phone #

CP2E034 (9/01)