

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90021 023 \*\*\*150.00

AUU48767



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F99000002210**

1. Entity Name  
**I-CRUISE.COM CORP.**

|  |  |
|--|--|
| Principal Place of Business<br>WEST 36TH STREET, 11TH FLOOR<br>NEW YORK NY 10018 | Mailing Address<br>28 WEST 36TH STREET, 11TH FLOOR<br>NEW YORK NY 10018-8002 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>127 West 25th Street</b><br>Suite, Apt. #, etc.<br><b>12th Floor</b><br>City & State<br><b>New York, NY</b><br>Zip<br><b>10001</b> Country<br><b>USA</b> | 3. Mailing Address<br><b>127 West 25th Street</b><br>Suite, Apt. #, etc.<br><b>12th Floor</b><br>City & State<br><b>New York, NY</b><br>Zip<br><b>10001</b> Country<br><b>USA</b> |
|---|---|

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0949997-3422189</b>                | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City <b>FL</b> 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.

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, 2000 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>ALIKSANYAN, ALEX</b><br><b>28 WEST 36TH STREET, 11TH FLOOR</b><br><b>NEW YORK NY 10018</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>PAGE, DAVID</b><br><b>28 WEST 36TH STREET, 11TH FLOOR</b><br><b>NEW YORK NY 10018</b>           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>ALIKSANYAN, LISA</b><br><b>28 WEST 36TH STREET, 11TH FLOOR</b><br><b>NEW YORK NY 10018</b>       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>OCEPEK, MARK</b><br><b>777 S. FLAGLER DRIVE SUITE 800 W.</b><br><b>WEST PALM BEACH FL 33401</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LEON, JUAN</b><br><b>28 WEST 36TH STREET, 11TH FLOOR</b><br><b>NEW YORK NY 10018</b>             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **Mark Natu OCEPEK** **3/15/00** **561-820-9447**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-114 (9/99)