

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90128 020 \*\*\*158.75

**DOCUMENT # F99000003979**

1. Entity Name  
**FINDWHAT.COM CORPORATION**

Principal Place of Business <b>121 WEST 27TH STREET 9TH FLOOR          NEW YORK NY 10001</b>	Mailing Address <b>121 WEST 27TH STREET 9TH FLOOR          NEW YORK NY 10001</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>88-0348835</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired			
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**PISARIS-HENDERSON, CRAIG**  
**12951 METRO PARKWAY SUITE 6**  
**FORT MYERS FL 33912**

**7. Name and Address of New Registered Agent**

Name			
Street Address (P.O. Box Number is Not Acceptable)	<b>12751 Westlinks Dr. Ste 3</b>		
City	<b>Fort Myers</b>	FL	Zip Code <b>33912</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>COBD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONES, COURTNEY</b>		NAME	
STREET ADDRESS <b>121 WEST 27TH STREET 9TH FLOOR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY 10001</b>		CITY-ST-ZIP	
TITLE <b>PSD</b>	<input type="checkbox"/> Delete	TITLE <b>CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PISARIS-HENDERSON, CRAIG</b>		NAME	
STREET ADDRESS <b>121 WEST 27TH STREET 9TH FLOOR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY 10001</b>		CITY-ST-ZIP	
TITLE <b>CEO</b>	<input type="checkbox"/> Delete	TITLE <del>Vice Chairman of Board</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRAHMS, ROBERT</b>		NAME	
STREET ADDRESS <b>121 WEST 27TH STREET 9TH FLOOR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY 10001</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <b>COO / CFO / Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS <b>Phillip Thune</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>121 W 27th St Ste 903</b>	
		<b>NY NY 10001</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)