

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
**121 WEST 27TH STREET 9TH FLOOR
 NEW YORK NY 10001**

Mailing Address
**121 WEST 27TH STREET 9TH FLOOR
 NEW YORK NY 10001**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

88-0348835

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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)

12751 Westlinks Dr. Ste 3

City

Fort Myers

FL

Zip Code

33912

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **COBD** ☐ Delete
 NAME **JONES, COURTNEY**
 STREET ADDRESS **121 WEST 27TH STREET 9TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10001**

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

TITLE **PSD** ☐ Delete
 NAME **PISARIS-HENDERSON, CRAIG**
 STREET ADDRESS **121 WEST 27TH STREET 9TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10001**

TITLE **CEO** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CEO** ☐ Delete
 NAME **BRAHMS, ROBERT**
 STREET ADDRESS **121 WEST 27TH STREET 9TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10001**

TITLE **Vice Chairman of Board** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **COO / CFO / Treasurer** ☐ Change ☒ Addition
 NAME **Phillip Thune**
 STREET ADDRESS **121 W 27th St Ste 903**
 CITY-ST-ZIP **NY NY 10001**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

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

Date

Daytime Phone #

CR2E034 (9/01)