


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90012 001 ***150.00

DOCUMENT # F99000003979

1. Entity Name
FINDWHAT.COM CORPORATION



Principal Place of Business Mailing Address

**5220 SUMMERLIN COMMONS BLVD
 STE 500
 FORT MYERS, FL 33907**

**5220 SUMMERLIN COMMONS BLVD
 STE 500
 FORT MYERS, FL 33907**

02001300



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02102004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For

88-0348835 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**PISARIS-HENDERSON, CRAIG
 5220 SUMMERLIN COMMONS BLVD
 STE 500
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name _____

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Craig P. Henderson CEO 2/12/04**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VCOB	<input checked="" type="checkbox"/> Delete
NAME	JONES, COURTNEY	
STREET ADDRESS	826 CAL COVE DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	PISARIS-HENDERSON, CRAIG	
STREET ADDRESS	3220 SUMMERLIN COMMONS BLVD STE 500	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	VCOB	<input checked="" type="checkbox"/> Delete
NAME	BRAHMS, ROBERT	
STREET ADDRESS	WPI, 121 W 27TH STREET STE 903	
CITY-ST-ZIP	NEW YORK, NY 10001	
TITLE	DCOO	<input type="checkbox"/> Delete
NAME	THUNE, PHILLIP	
STREET ADDRESS	5220 SUMMERLIN COMMONS BLVD STE 500	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUEST, II, FREDERICK E	
STREET ADDRESS	10 WEST 66TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYIOD, ROBERT	
STREET ADDRESS	PRICELINE.COM; 800 CONNECTICUT AVE	
CITY-ST-ZIP	NORWALK, CT 06854	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C, P, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	5220 Summerlin Commons Blvd. Ste. 500	
CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:  **Craig P. Henderson CEO 2/12/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

(239) 520-7229