

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005262

1. Entity Name  
VEGASINSIDER.COM, INC.

Principal Place of Business  
6340 N.W. 5TH WAY  
FT. LAUDERDALE FL 33309

Mailing Address  
6340 N.W. 5TH WAY  
FT. LAUDERDALE FL 33309

2. Principal Place of Business  
2200 W. Cypress Creek Rd  
Suite, Apt. #, etc.

3. Mailing Address  
2200 W. Cypress Creek Rd  
Suite, Apt. #, etc.

City & State  
FT Lauderdale, FL  
Zip 33309 Country USA

City & State  
Ft. Lauderdale, FL  
Zip 33309 Country USA

4. FEI Number 65-0924188  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

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, 2001 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 PSTD  
NAME MARIANI, MARK J  
STREET ADDRESS 6340 N.W. 5TH WAY  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2200 W. Cypress Creek Rd  
FT Lauderdale, FL 33309

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Cliff Matis  
2200 W. Cypress Creek Rd  
FT Lauderdale, FL 33309

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

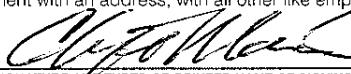
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cliff Matis

Date

954-351-2120  
Daytime Phone #

956261

FILED  
Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 91001 040 \*\*\*150.00

CR2E034 (10/00)