2000 UNIFORM BUSINESS REPORT (UBR) Feb 10, 2000 8:00 am DOCUMENT # **J62675** Secretary of State INTERNET VENTURE GROUP, INC. 02-10-2000 90051 009 ***158.75 Principal Place of Business Mailing Address 3816 W. LINEBAUGH AVE. 3816 W. LINEBAUGH AVE. STE. 498 2.00 STE. 400 2.00 TAMPA FL 33624 TAMPA FL 33624-4900 2 Principal Place of Business 3816 W. Linebaugh Ave 3. Mailing Address 3816 W. Linebaugh Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste 200 Ste 200 Applied For City & State 4. FEI Number City & State 59-2919648 Not Applicable ampa lampa Country \$8.75 Additional 5. Certificate of Status Desired ÜSA. USA 33624 Fee Required . -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Wc (Kimmon MCCRIMMON, THOMAS L Street Address (P.O. Box Number is Not Acceptable) 3816 W. LINEBAUGH AVENUE 408- 200 200 TAMPA FL 33624 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition DTP ☐ Change ☐ Delete TITLE MCCRIMMON, THOMAS NAME STREET ADDRESS 3816 W LINEBAUGH AVE 408 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33624** ☐ Change Addition ☐ Delete TITLE TITLE BERTRAM CUTLER NAME NAME STREET ADDRESS 3816 W LINEBAUGH AVE 408 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-60

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