2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State
02-10-2000 90051 009 ***158.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # J62675

1. Entity Name

INTERNET VENTURE GROUP, INC.

Principal Place of Business	Mailing Address
3816 W. LINEBAUGH AVE. STE. ~~400~~ 200 TAMPA FL 33624	3816 W. LINEBAUGH AVE. STE. ~~400~~ 200 TAMPA FL 33624-4900

2. Principal Place of Business		3. Mailing Address	
3816 W. Linebaugh Ave		3816 W. Linebaugh Ave	
Suite, Apt. #, etc.: Ste 200		Suite, Apt. #, etc.: Ste 200	
City & State: Tampa FL		City & State: Tampa FL	
Zip: 33624	Country: USA	Zip: 33624	Country: USA

4. FEI Number 59-2919648 ☐ 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
MCCRIMMON, THOMAS L 3816 W. LINEBAUGH AVENUE ~~400~~ 200 TAMPA FL 33624	Name: McCrimmon, Thomas L. Street Address (P.O. Box Number is Not Acceptable): 3816 W. Linebaugh Ave., Ste 200 City: Tampa FL Zip Code: 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.

SIGNATURE [signature] Thomas McCrimmon DATE 2-3-00
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. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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	DTP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCRIMMON, THOMAS		NAME		
STREET ADDRESS	3816 W LINEBAUGH AVE 408		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP		
TITLE	DSV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BERTRAM CUTLER		NAME		
STREET ADDRESS	3816 W LINEBAUGH AVE 408		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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] SIGNATURE REQUIRED 2-3-00 813 960 0557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)