

2001 UNIFORM BUSINESS REPORT (UBR)

0015351 AF

DOCUMENT # L00000000553
1. Entity Name
 INTERNETWORKS, L.L.C.

FILED

01 FEB -7 PM 3:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3150 N.W. 10TH STREET DELRAY BEACH FL 33445
Mailing Address 3150 N.W. 10TH STREET DELRAY BEACH FL 33445

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 777 E. ATLANTIC BLVD #2-381
 Suite, Apt. #, etc.
 City & State DELRAY BEACH FL
 Zip 33483 Country US

4. FEI Number 65-0975094
 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KERN, KEITH D
 50 S.E. 4TH AVENUE
 DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent
 Name TOM DENT
 Street Address (P.O. Box Number is Not Acceptable) 3150 NW 10TH STREET
 City DELRAY BEACH FL Zip Code 33445

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 *Tom Dent* DATE 2/2/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MEMBER	TOM DENT	3150 NW 10TH STREET	DELRAY BEACH FL 33445	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Tom Dent* **SIGNATURE REQUIRED** DATE 2/2/2001 DAYTIME PHONE # 861-276-5330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)