

2001 UNIFORM BUSINESS REPORT (UBR)

0003647 AF

DOCUMENT # **L00000003846**

1. Entity Name
WEATHERPREDICT, INC Corp.

FILED

01 APR 25 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2042-A N.E. CAPITAL CIRCLE
TALLAHASSEE FL 32308**

Mailing Address
**2042-A N.E. CAPITAL CIRCLE
TALLAHASSEE FL 32308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
TALLAHASSEE - same -> 2042A NE Capital Circle

3. Mailing Address
2042A NE Capital Circle

Suite, Apt. #, etc.
2042A NE Capital Circle

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
TALLAHASSEE FL

4. FEI Number
59-3646902

Applied For
 Not Applicable

Zip
32308

Country
Leon

Zip
32308

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOVETT, JOHN C
106 EAST COLLEGE AVENUE, SUITE 1200
TALLAHASSEE FL 32301**

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

2/27/01

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

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM KHADILKAR, JAYANT** Delete
STREET ADDRESS **2042-A N.E. CAPITAL CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**100004163561--5
-05/08/01--01141--003
*****50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE REQUIRED

4/24/01 850-422-0508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)