

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

0034123

05-12-2002 90597 049 ****50.00

DOCUMENT # L0000010101

1. Entity Name
NETVILLAGE.COM, LLC

Principal Place of Business
**2855 SO. CONGRESS AVE., STE. B
 DELRAY BEACH FL 33445**

Mailing Address
**2855 SO. CONGRESS AVE., STE. B
 DELRAY BEACH FL 33445**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17296 Hampton Blvd
 Suite, Apt. #, etc.

3. Mailing Address
17296 Hampton Blvd
 Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number **65-1033728**

Applied For
 Not Applicable

Zip **33496** Country **USA**

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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

LEVITT, DREW M ESQ.
~~**2855 SO. CONGRESS AVE., STE. B
 DELRAY BEACH FL 33445**~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
855 So. Federal Highway
Suite 212
 City **BOCA RATON** FL Zip Code **33431**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** Delete
 NAME **VAN ARNEM, HAROLD L**
 STREET ADDRESS **2855 SO. CONGRESS AVE., STE. B**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE Change Addition
 NAME
 STREET ADDRESS **17296 Hampton Blvd.**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Change Addition
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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]* **SIGNATURE REQUIRED**

4/29/02 **561-360-6556**

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

Date

Daytime Phone #

CR2E083 (9/01)