

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90325 024 \*\*\*150.00

DOCUMENT # L0000010101

1. Entity Name

NET VILLAGE.COM. LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
12 S.E. 1ST AVENUE

3. Mailing Address  
12 S.E. 1ST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DELRAY BEACH, FLORIDA

City & State  
DELRAY BEACH, FLORIDA

4. FEI Number 65-1033728

Applied For  
Not Applicable

Zip  
33444

Country  
USA

Zip  
33444

Country  
USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DREW M. LEVITT

Street Address (P.O. Box Number is Not Acceptable)

855 S. FEDERAL HWY SUITE 212

City BOCA RATON

FL

Zip Code  
33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME NATHAN HAMMOND  
STREET ADDRESS 342 MAIN STREET  
CITY-ST-ZIP LAUREL, MD 20707

TITLE ST  
NAME ALLEN, BETTY E.  
STREET ADDRESS 12 S.E. 1ST AVENUE  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D  
NAME VAN ARNEM, HAROLD  
STREET ADDRESS 12 S.E. 1ST AVENUE  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE VP/ D  
NAME VAN ARNEM, KENNETH, M.  
STREET ADDRESS 3314 LOWSON BLVD.  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Betty E. Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

Date

541-272-2912

Daytime Phone #