

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002992

1. Entity Name
ICEBERG L.L.C.

Principal Place of Business Mailing Address
C/O WORLDWIDE INCORPORATORS LTD. C/O WORLDWIDE INCORPORATORS LTD.
2530 CHANNIN DRIVE 2530 CHANNIN DRIVE
WILMINGTON DE 19810 WILMINGTON DE 19810-1202

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD. #211
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name CORPORATE CREATIONS NETWORK INC.
Street Address (P.O. Box Number is Not Acceptable)
941 FOURTH ST., #200
City MIAMI BEACH FL Zip Code 33139

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]* L. URIARTE, PRES. 7/3/2000
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

TITLE MGRM
NAME BREHAUT, DAVID
STREET ADDRESS LA CONNELLERIE
CITY - ST - ZIP SARK CHANNEL ISLAND GY9 -OSF

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600003321296--4
-07/12/00--01073--009
*****50.00 *****50.00

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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 April, 18, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

APPROVED
AND
FILED

00 JUL -6 PM 3: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

CR2E083 (9/99)