

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000001271

FILED
Apr 19, 2002 8:00 AM
Secretary of State

Entity Name: REALUSE.COM INTERNET SERVICES, L.C.

Current Principal Place of Business:

520 POST OAK BLVD., STE. 850
HOUSTON, TX 77027

New Principal Place of Business:

Current Mailing Address:

520 POST OAK BLVD., STE. 850
HOUSTON, TX 77027

New Mailing Address:

FEI Number: 59-3567667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLAZZO, ANTHONY P
8431 CORPORATE WAY, SUITE 100
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SOLAZZO, ANTHONY P
Address: 8431 CORPORATE WAY, SUITE 100
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR () Delete
Name: MCCUBBIN, GENE
Address: 11003 WORTHAM BLVD.
City-St-Zip: HOUSTON, TX 77065 US

Title: MGR () Delete
Name: WATERS, LOUIS A JR.
Address: 520 POST OAK BLVD., SUITE 850
City-St-Zip: HOUSTON, TX 77027 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LOUIS A. WATERS, JR.

MANA

04/19/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date