2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008265

1. Entity Name
ONLINENEIGHBORHOOD.COM, LLC

Principal Place of Business	Mailing Address
500 AUSTRALIAN AVENUE SOUTH. SUITE 110	500 AUSTRALIAN AVENUE SOUTH. SUITE 110
WEST PALM BEACH FL 33401-6246	WEST PALM BEACH FL 33401-6246

FILED

01 MAY -1 PM 5:23

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0975429**

Applied For
Not Applicable

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**
RHODES, PAUL 500 AUSTRALIAN AVENUE SOUTH, SUITE 110 WEST PALM BEACH FL 33401-6246	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)

4/25/01
DATE

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

9. MANAGING MEMBERS/MEMBERS		**10.**	ADDITIONS/CHANGES
TITLE **MGRM** NAME **RHODES, PAUL** STREET ADDRESS **1400 CENTREPORT BLVD., 6TH FLOOR** CITY-ST-ZIP **W. PALM BEACH FL 33401**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 500 Australian Ave So #110 West Palm Bch FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 6000004271886---0 -05/18/01--01111--017 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Paul Rhodes 4/25/01 561-659-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #