

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N96000003324

**FILED**  
**Nov 04, 2004**  
**Secretary of State****Entity Name:** FEDERATION OF INTERNET SOLUTION PROVIDERS OF THE AMERICAS, INC.**Current Principal Place of Business:**1045 E. ATLANTIC AVENUE  
SUITE 206  
DELRAY BEACH, FL 33483**New Principal Place of Business:**131 N.W. 1ST AVE  
DELRAY BEACH, FL 33444**Current Mailing Address:**1045 E. ATLANTIC AVENUE  
SUITE 206  
DELRAY BEACH, FL 33483**New Mailing Address:**131 N.W. 1ST AVE  
DELRAY BEACH, FL 33483**FEI Number:** 59-3379948      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**MARION, JOE  
1045 E. ATLANTIC AVENUE  
SUITE 206  
DELRAY BEACH, FL 33483 US**Name and Address of New Registered Agent:**MARION, JOE J  
131 N.W. 1ST AVE  
DELRAY BEACH, FL 33444 US

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: JOSEPH J. MARION

11/04/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** PENNINGTON, JAMES  
**Address:** 5 CORDOVA STREET  
**City-St-Zip:** SAINT AUGUSTINE, FL 32084**Title:** PD ( ) Delete  
**Name:** MARCHANT, JIM  
**Address:** 100 WEST LUCERNE CIRCLE #500  
**City-St-Zip:** ORLANDO, FL 32801**Title:** D ( ) Delete  
**Name:** PILAT, SUZI  
**Address:** 1224 ROGERS STREET  
**City-St-Zip:** CLEARWATER, FL 34616**Title:** D ( ) Delete  
**Name:** NICHOLS, CHRIS  
**Address:** 2221 LEE ROAD  
**City-St-Zip:** WINTER PARK, FL 32789**Title:** M ( ) Delete  
**Name:** MARION, JOSEPH  
**Address:** 1045 E. ATLANTIC #206  
**City-St-Zip:** DELRAY BEACH, FL 33483**Title:** D ( ) Delete  
**Name:** MARLOWE, ROB  
**Address:** MAIN STREET  
**City-St-Zip:** NEW PORT RICHEY, FL 34656**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** PENNINGTON, JAMES  
**Address:** 5 CORDOVA STREET  
**City-St-Zip:** SAINT AUGUSTINE, FL 32084**Title:** D (X) Change ( ) Addition  
**Name:** ALBANESE, JOSEPH  
**Address:** 7109 TIMBERLAKE RD.  
**City-St-Zip:** LYNCHBURG, VA 24502**Title:** D (X) Change ( ) Addition  
**Name:** RICKERT, MARY  
**Address:** P.O. BOX 2218  
**City-St-Zip:** DUNEDIN, FL 34697**Title:** D (X) Change ( ) Addition  
**Name:** PYLE, KEN  
**Address:** 500 NORTH ORANGE AVE  
**City-St-Zip:** ORLANDO, FL 32801**Title:** M (X) Change ( ) Addition  
**Name:** MARION, JOSEPH  
**Address:** 131 N.W. 1ST AVE  
**City-St-Zip:** DELRAY BEACH, FL 33444**Title:** D (X) Change ( ) Addition  
**Name:** WEBER, BLAKE  
**Address:** 5050 POPLAR AVE  
**City-St-Zip:** MEMPHIS, TN 38157

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH J MARION

M

11/04/2004

Electronic Signature of Signing Officer or Director

Date