

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90185 009 \*\*\*\*61.25

**DOCUMENT # N96000003324**

1. Entity Name  
**FEDERATION OF INTERNET SOLUTION PROVIDERS OF  
THE AMERICAS, INC.**



Principal Place of Business  
**300 N COBERLAND  
SUITE 200  
JACKSON, TN 38302**

Mailing Address  
**P.O. BOX 277  
JACKSON, TN 38302**

40079068



2. Principal Place of Business

**300 N. Cumberland**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 200**

City & State  
**JACKSON, TN**

City & State

04272006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3379948**

Applied For  
Not Applicable

Zip  
**38302-1692**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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. 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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | HARLAN, JOHNATHAN           |  |
| STREET ADDRESS | P.O. BOX 277                |  |
| CITY-ST-ZIP    | JACKSON, TN 38302           |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | ALBANESE, JOSEPH            |  |
| STREET ADDRESS | 7109 TIMBERLAKE RD.         |  |
| CITY-ST-ZIP    | LYNCHBURG, VA 24502         |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | RICKERT, MARY               |  |
| STREET ADDRESS | P.O. BOX 2218               |  |
| CITY-ST-ZIP    | DUNEDIN, FL 34697           |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | NEMANIC, FRANC              |  |
| STREET ADDRESS | 500 EAST BRAVARD BLVD       |  |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33394   |  |
| TITLE          | S                           | <input type="checkbox"/> Delete            |
| NAME           | HAYAN, GREG                 |  |
| STREET ADDRESS | 601 N DEER CREEK DRIVE EAST |  |
| CITY-ST-ZIP    | LELAND, MS 38756            |  |
| TITLE          | P                           | <input type="checkbox"/> Delete            |
| NAME           | WEBER, BLAKE                |  |
| STREET ADDRESS | 5050 POPLAR AVE             |  |
| CITY-ST-ZIP    | MEMPHIS, TN 38157           |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JIM HOLLIS            |  |
| STREET ADDRESS | 124 W. JOHN ST        |  |
| CITY-ST-ZIP    | MATTHEWS, NC 28105    |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MICHAEL TACUE         |  |
| STREET ADDRESS | 1048 E. Chestnut      |  |
| CITY-ST-ZIP    | Louisville KY 40204   |  |
| TITLE          | STEVE SAFLEY          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | D                     |  |
| STREET ADDRESS | 6767 Old Madison Pike |  |
| CITY-ST-ZIP    | Huntsville, AL 35806  |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jonathan Lieberman    |  |
| STREET ADDRESS | 4770 Discayne Blvd    |  |
| CITY-ST-ZIP    | MIAMI, FL 33137       |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Rann Bobb             |  |
| STREET ADDRESS | 616 Industrial Ave    |  |
| CITY-ST-ZIP    | HOODRIVER, OR 97031   |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WAEEL DOUKMAK         |  |
| STREET ADDRESS | 330 Research Dr       |  |
| CITY-ST-ZIP    | Athens, GA 30605      |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Interim Executive Director*

Date

Daytime Phone #

**4/27/06 731 423-2645**