

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

06-07-2007 90003 031 \*\*\*\*61.25

**DOCUMENT # N96000003324**

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



**40120070**



Principal Place of Business  
**300 N CUMBERLAND  
STE 200  
JACKSON, TN 38302-1692**

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

2. Principal Place of Business - No P.O. Box #  
**124 W. John Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**124 W. John St.**  
Suite, Apt. #, etc.

06032007 Chg-NP CR2E037 (12/06)

City & State  
**MATTHEWS, NC**  
Zip  
**28105** Country  
**USA**

City & State  
**MATTHEWS, NC**  
Zip  
**28105** Country  
**USA**

4. FEI Number  
**59-3379948** Applied For  
Not Applicable

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARLAN, JOHNATHAN P.O. BOX 277 JACKSON, TN 38302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLIS, JIM 124 W JOHN ST MATTHEWS, NC 28105	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGUE, MICHAEL 1048 E CHESTNUT LOUISVILLE, KY 40204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFLEY, STEVE 6767 OLD MADISON PIKE HUNTSVILLE, AL 35806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYAN, GREG 601 N DEER CREEK DRIVE EAST LELAND, MS 38756	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, BLAKE 5050 POPLAR AVE MEMPHIS, TN 38157	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dan Bubb 616 Industrial Ave. HOOVER, AL 36031	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry Dunlap 3200 Westend Ave, Suite 100 NASHVILLE, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jonathan Lieberman 1035 NE 125th St., Suite 300 N. Miami, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joe Moffatt 1960 McCullough Blvd Tupelo, MS 38801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wael Doukna 330 Research Dr, Suite 250 D Athens, GA 30605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **PAUL RICE, Esq.** **6-1-07 (731) 423-2645**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #