2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004079

Entity Name: THIRD PLANET, INC.

FILED Jan 16, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1100 LEE WAGNER BLVD., STE. 304 FT. LAUDERDALE, FL 33315				1100 LEE WAGENER BLVD., STE. 304 FT. LAUDERDALE, FL 33315		
Current Mailing Address:				New Mailing Address:		
1100 LEE WAGNER BLVD., STE. 304 FT. LAUDERDALE, FL 33315				1100 LEE WAGENER BLVD., STE. 304 FT. LAUDERDALE, FL 33315		
FEI Number:	65-0940668	FEI Number Applied For ()	FEI Nun	nber Not Appl	olicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131 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:						
	Electron	ic Signature of Registered Ager	nt		 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BENJAMIN, DAY 1112 NE 3RD S			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BENJAMIN, BAI 8237 QUAIL ME			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BENJAMIN, STA 722 VIA GENOV			Title: Name: Address: City-St-Zip:	D (X) Change () Addition BAGLEY, ELIZABETH F 1539 29TH STREET, N.W. WASHINGTON, DC 20007 US	
Title: Name: Address: City-St-Zip:	D () WORSOE, NIEI BAADMANDSTI COPENHAGEN	AEDE 43		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FARMER, ROB 5200 N. FEDER	Delete ERT AL HWY SUITE 2 DALE. FL 33308 US		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DAVID N. BENJAMIN D 01/16/2002