

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000006452

1. Entity Name
THE INTERNET FOUNDATION, INC.



Principal Place of Business
**201 SOUTH BISCAYNE BLVD
SUITE 850
MIAMI, FL 33131**

Mailing Address
**201 SOUTH BISCAYNE BLVD
SUITE 850
MIAMI, FL 33131**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0957989

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSSZ FIU CORPORATION
201 SOUTH BISCAYNE BLVD
SUITE 850
MIAMI, FL 33131**

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBERTS, LYNN H
STREET ADDRESS	201 SOUTH BISCAYNE BLVD SUITE 850
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	CHEEZEM, JAN CARSON
STREET ADDRESS	201 SOUTH BISCAYNE BLVD SUITE 850
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	KEAN, MARJORIE
STREET ADDRESS	201 SOUTH BISCAYNE BLVD SUITE 850
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80036-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

LYNN H. ROBERTS 03-14-07 305.740.8020