

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000004951

FILED
Jul 09, 2002 8:00 AM
Secretary of State

Entity Name: CYBER ISLAND SYSTEMS, INC.

Current Principal Place of Business:

950 NORTH COLLIER BOULEVARD
SUITE 201
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

950 NORTH COLLIER BOULEVARD
SUITE 201
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 59-3618125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEHRHOFF, ADAM D
Address: 7 WEST ELM STREET, #C3
City-St-Zip: GREENWICH, CT 06830 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LIPMAN, ANDREW D
Address: 4 LEDGE MEADOW LANE
City-St-Zip: WESTPORT, CT 06880 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW D. LIPMAN

MR

07/09/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date