

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000020317

FILED
Apr 09, 2003
Secretary of State

Entity Name: IHEADHUNT.CC, INC.

Current Principal Place of Business:

1265 S SEMORAN BLVD
SUITE 1243
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

1265 S SEMORAN BLVD
SUITE 1243
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 59-3632685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEG, CHRISTIAN
1265 S SEMORAN BLVD
SUITE 1243
WINTER PARK, FL 32792 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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERRELL, JAMES W
Address: 1400 W FAIRBANKS AVE STE 102
City-St-Zip: WINTER PARK, FL 32789

Title: ST () Delete
Name: SIEG, CHRISTIAN M
Address: 8663 GLYBORNE COURT
City-St-Zip: ORLANDO, FL 32825

Title: VP () Delete
Name: MITCHELL, JAMES
Address: 740 HARDWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: P () Delete
Name: LOFGREN, PETER J
Address: 1119 TROTWOOD BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER J LOFGREN

Electronic Signature of Signing Officer or Director

P

04/09/2003

Date