2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000020691 1. Entity Name WEBBRAIN INTERNATIONAL THE ARTSY FARTSY CONNECTION, INC.				Secretary of State 03-20-2002 90014 031 ***150.00
Principal Place of Business 6760 BRIDLEWOOD COURT BOCA RATON FL 33433		Mailing Address 6760 BRIDLEWOOD COURT BOCA RATON FL 33433		E 1980/1980 DES RAINE BRING BRING BRING BRING BRING BRING BRING CHART (BRING CHART
2. Principal Pl	ace of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0989124 Applied For Not Applicable
Zip	Country	Zìp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
ANACTED LENODE				ss (P.O. Box Number is Not Acceptable)
6760 BRIDLEWOOD CT			Street Addres	ss (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33433				
STAR 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.				
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requ	quired when reinstating) DATE
5. This corporation is digital to called the management		FEE IS \$150.00 Fee will be \$550.00 to Department of S		
11,	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MINTZER, LENORE B 6760 BRIDLEWOOD COURT BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an order 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 in Block 11 or Block 12 if changed, or on an attachment with an order oath; 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 in Block 11 or Block 12 if changed, or on an attachment with an order oath; 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 in Block 11 or Block 12 if the corporation of the co

SIGNATURE: