

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 02, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000022742

1. Entity Name
SOCIAL DOMAINS, INC.

Principal Place of Business
 5820 MIAMI LAKES DRIVE
 MIAMI LAKES FL 33014

Mailing Address
 5820 MIAMI LAKES DRIVE
 MIAMI LAKES FL 33014

2. Principal Place of Business
 1450 N.E. 123RD STREET

3. Mailing Address
 1450 N.E. 123RD STREET

Suite, Apt. #, etc.
 SUITE 109

Suite, Apt. #, etc.
 SUITE 109

City & State
 NORTH MIAMI FL

City & State
 NORTH MIAMI FL

Zip
 33161

Country

Zip
 33161

Country

4. FEI Number
65-1016469

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COHEN WILLIAM D
 5820 MIAMI LAKES DRIVE
 MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 and title if applicable.

09/02/2001
 DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD Delete
 NAME COHEN MELANIE
 STREET ADDRESS 5820 MIAMI LAKES DRIVE
 CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE STD Change Addition
 NAME COHEN MELANIE
 STREET ADDRESS 1450 N.E. 123RD STREET, SUITE 109
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE VD Delete
 NAME COHEN WILLIAM D
 STREET ADDRESS 5820 MIAMI LAKES DRIVE
 CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE VD Change Addition
 NAME LEARY FLETCHER B
 STREET ADDRESS 1450 N.E. 123RD STREET, SUITE 109
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE PD Delete
 NAME LEARY FLETCHER B
 STREET ADDRESS 5820 MIAMI LAKES DRIVE
 CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE PD Change Addition
 NAME DEANGELIS KATHY
 STREET ADDRESS 1450 N.E. 123RD STREET, SUITE 109
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE: Kathy DeAngelis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres **09/02/2001**

Date Daytime Phone #

CR2E034 (11/00)