

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000022742

FILED
Sep 10, 2003
Secretary of State

Entity Name: SOCIAL DOMAINS, INC.

Current Principal Place of Business:

1450 N.E. 123RD STREET
SUITE 109
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

1450 N.E. 123RD STREET
SUITE 109
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-1016469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, WILLIAM D
5820 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

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: PD () Delete
Name: DEANGELIS, KATHY
Address: 1450 N.E. 123RD STREET, SUITE 109
City-St-Zip: NORTH MIAMI, FL 33161

Title: VD () Delete
Name: LEARY, FLETCHER B
Address: 1450 N.E. 123RD STREET, SUITE 109
City-St-Zip: NORTH MIAMI, FL 33161

Title: STD () Delete
Name: COHEN, MELANIE
Address: 1450 N.E. 123RD STREET, SUITE 109
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COHEN, MELANIE
Address: 1450 N.E. 123RD STREET, SUITE 109
City-St-Zip: NORTH MIAMI, FL 33161

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

Title: STD (X) Change () Addition
Name: COHEN, WILLIAM
Address: 1450 N.E. 123RD STREET, SUITE 109
City-St-Zip: NORTH MIAMI, FL 33161

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: MELANIE COHEN

PRES

09/10/2003

Electronic Signature of Signing Officer or Director

_____ Date