

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90286 029 ***150.00

DOCUMENT # P00000026599

1. Entity Name
WOW ONLINE, INC.

Principal Place of Business
**6920 PHILLIPS INDUSTRIAL BLVD.
 JACKSONVILLE FL 32256**

Mailing Address
~~6920 PHILLIPS INDUSTRIAL BLVD.
 JACKSONVILLE FL 32256~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1050 NORTH AEG CT

Suite, Apt. #, etc.

SUITE 365

Suite, Apt. #, etc.

City & State

City & State
ROSWELL, GA

4. FEI Number **59-3648171**

Applied For
 Not Applicable

Zip

Country

Zip

Country

30076

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRAZIER, W. ROBINSON
 1515 RIVERSIDE AVE., STE. A
 JACKSONVILLE FL 32204**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	OKEEFE, CARYN	
STREET ADDRESS	1805 RIVERSIDE RD	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BENIS, JOHN	
STREET ADDRESS	179 CHRISTOPHER ST	
CITY-ST-ZIP	NEW YORK NY 10014	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WIENER, JOSEPH D	
STREET ADDRESS	6 BROOKDALE LANE	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WALLS, CHARLENE W	
STREET ADDRESS	1257 CUNNINGHAM CREEK DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD T. O'KEEFE	
STREET ADDRESS	1805 RIVERSIDE RD	
CITY-ST-ZIP	ROSWELL, GA 30076	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT REICH	
STREET ADDRESS	3122 LEE PLACE	
CITY-ST-ZIP	BELLMORE, N.Y.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]

4/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)