2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FORT LAUDERDALE FL 33316



FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90144 015 ***150.00

DOCUMENT # 1. Entity Name LIVEOPS.COM, INC.	P00000028879	Ì	
Principal Place of Business	Mailing Address		-

FORT LAUDERDALE FL 33316

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S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent FERSTEIN, DOUGLAS 2001 NE 26TH DRIVE FORT LAUDERDALE FL 33306 City FL Zip Code Sircet Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Sircet Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sircet Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named epide submits this systemate for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of Agreement agent and the collisations of Agreement agent, or both, in the State of Florida. I am familiar with, and After May 1,2003 Fee will be \$55,000 After May 1,2003 Fee will be \$55,000 Make Chack Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE STREET ADDRESS CUTY-ST-2P FORT LAUDERDALE FL 33306 FIRST DOUGLAS STREET ADDRESS CUTY-ST-2P TILE Dates Dates ITTLE MAKE STREET ADDRESS CUTY-ST-2P TILE Dates Dat	City & State City & State					4. F	4. FEI Number 65-0995388			Applied For Not Applicable	
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2001 NE 28TH DRIVE FORT LAUDERDALE FL 33306 City FL Zip Code 8. The above named open's submits this sylappar for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of egistered agent. SIGNATURE					Name						
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8. The above named apart submits this sylengup for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of egistered agent. Signature Signature vibrid or printed the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of egistered agent.	2001 NE	26TH DRIVE			onsotribulos (1.0. Dox Humber of Not Acceptable)						
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I nereby 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 suppliemental report is frue 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Date

Daytime Phone #