

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90392 004 ***150.00

0625141

DOCUMENT # P00000036189

1. Entity Name
NET TRAFFIC, INC.

Principal Place of Business 412 WEST MADISON, 10TH FLOOR TAMPA FL 33602	Mailing Address 412 WEST MADISON, 10TH FLOOR TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 412 East Madison St Suite, Apt. #, etc. #1000 City & State Tampa FL	3. Mailing Address 412 E. Madison St Suite, Apt. #, etc. #1000 City & State Tampa FL
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4. FEI Number 59-3649898	Applied For <input type="checkbox"/> Not Applicable
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Zip 33602	Country USA	Zip 33602	Country USA
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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

DOLAN, MARK R 412 WEST MADISON, 10TH FLOOR TAMPA FL 33602	Name
	Street Address (P.O. Box Number is Not Acceptable) 412 E. Madison St, Suite 1000
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHLACK, DAVID G 412 WEST MADISON, 10TH FLOOR TAMPA FL 33602 <input type="checkbox"/> Delete <i>Address corrected</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marshlack, David G. 412 E. Madison St Suite 1000 Tampa FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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 another like empowered.

SIGNATURE: *David G. Marshlack*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01
 Date

813-229-3224
 Daytime Phone #

CR2E034 (10/00)