## **☞** √FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000040819



FILED

03 NOV 19 AH 11:56

| 1. Entity Name  |   |   |              |                                 |   | Administrative and the state of  |                                 |  |
|---|---|---|--------------|---------------------------------|---|--|---------------------------------|--|
| FIRSTNOTEBOOK.COM, INC.   |   |   |              |                                 |   | TALLAHASSEE, FLORIDA   |                                 |  |
|   | DO NOT WRITI  | E IN THIS S                                       | SPAC         | E                               |   |  |                                 |  |
| 2. Principal Place of Business 16098 State Road 84 West 16098 State Road 84 West 16098 State Road 8   |   |   | ad 84 W      | 84 West                         |   |  | TO3                             |  |
| Suite, Apt. #, etc. Suite 2 Suite 2 Suite 2   |   |   |              |                                 |   | DO NOT WRITE IN THIS SP  | ACE                             |  |
| City & State City & State   |   |   |              | 4.                              |   | Number 65-10003320   | Applied For                     |  |
| Sunrise, Florida  Zip Country Zip Zip   |   |   | Coun         | Country                         |   |  | Not Applicable  3.75 Additional |  |
| 33326   | USA   | 33326   | 3326 USA     |                                 |   | 7. Name and Address of Current Registered Agent  |                                 |  |
|   |   |   |              | Name H                          |   | yne Hayes Jr   |                                 |  |
|   |   |   |              |                                 | eet Address (P.O. Box Number is Not Acceptable) |  |                                 |  |
| IN THIS SPACE   |   |   |              | 16098 5                         | 16098 State Road 84 West, Suite 2               |  |                                 |  |
|   |   |   |              | City Sun                        | rise  | FL   | Zip Code<br>33320               |  |
| 8. The above named entity submits this statement for the perpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |   |   |              |                                 |   |  |                                 |  |
| ine obliga  | ions or registored ages.  |   | Mayne        | Hayes, Jr                       | ,   | 11/17/2  | 2003                            |  |
| SIGNATURE   |   |   |              | Agent signature r               |   |  | 2003                            |  |
|   | nuary 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UPR is \$61.25<br>Payable to Florida Department of | -f.State  |              |                                 |   | Election Campaign Financing     Trust Fund Contribution.   | \$5.00 May Be<br>Added to Fees  |  |
| 10.   | OFFICERS AND  |   |              |                                 |   | Landan Company |                                 |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP   | H Wayne Hayes, Jr.<br>16098 State Road 84 Wes<br>Sunrise, Florida 33326   | P<br>st, Suite 2                                  |              | . 1.                            |   |  | 34B (12/02)                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | A A A A A A A A A A A A A A A A A A A             |              | - F                             |   | 0000248642<br>11/19/0301069011   | <b>1</b> () **750.00            |  |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP   |   |   |              | 1                               | NA  | DO NOT WRIT  | E                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ,   |              | [                               |   | IN THIS SPAC   | E                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |              |                                 |   |  |                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | F April 1    |                                 |   | A STATE OF THE STA | :                               |  |
| 12. I hereby of Indicated   | certify that the information supplied with on this report or supplemental report is   | h this filing does not qualify strue and accurate | for the exer | nption stated<br>ure shall have | in Section 11                                   | 9.07(3)(i), Florida Statutes, I further certify  | that the information            |  |

of the corporation or the receiver or trustee empowered to execute risk report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other risk empowered.

SIGNATURE:

MINTED NAME OF SIGNING OFFICER OR DIRECTOR SNATURE AND TYPES OF

H. Wayne Hayes, Jr

11/17/2003

(954) 659-3558

Date

Daytime Phone #