2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2003 8:00 am Secretary of State P00000047170 DOCUMENT # 04-10-2003 90176 047 ***150.00 1. Entity Name INTERNET INCUBATOR, INC. Principal Place of Business Mailing Address 5114 OKEECHOBEE BLVD. 5114 OKEECHOBEE BLVD. SUITE 110 SUITE 110 WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 2. Principal Place of Business Mailing Address ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-1007273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEINTRAUB, PETER B Street Address (P.O. Box Number is Not Acceptable) 1701 W. HILLSBORO BLVD. SUIT #301 DEERFIELD BEACH FL 33442 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May-1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS TITLE Delete TITLE ☐ Addition NAME NAME KAYE, MICHAEL S STREET ADDRESS 5114 OKEECHOBEE BLVD. #110 STREET ADDRESS 931 Village Blud. Ste 905-177 West Allm Beach, FL 3340R CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP Change Addition TITLE TITLE NAME NIMPHIUS, CAROL NAME 931 Village Olva: Ste SOS-177 STREET ADDRESS STREET ADDRESS 5114 OKEECHOBEE BLVD. #110 CiTY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417-West Palm Beach, Fl Seinetony Secretary Michael S. KAYR. TITLE TITLE ☐ Change Addition Delete MALLARE S. KAYR. NAME NAME 931 Villiabe Blug, ste. 905-177.

TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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WPB. FL 33409.

CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with a polyper like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

WOB DO

Commond

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPE

931 Villiage Blug sk 905-177,

Change

Addition