2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90052 043 ***150.00

DOCUMENT # P00000052682

1. Entity Name
LATERAL WEB CORPORATION

Principal Place of Business	Mailing Address
354 BRAZILIAN AVE. SUITE 204 Palm Beach, FL 33480	(SAME)

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5200 N. FLAGLER Dr.	5200 N. FLAGLER Dr.
Suite, Apt. #, etc. 2206	Suite, Apt. #, etc. 2206
City & State: West PALM BEACH, FL	City & State: West Palm Beach, FL
Zip 33407 / Country USA	Zip 33407 / Country USA

4. FEI Number 65-1022400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MINTMIRE, DONALD F.
265 SUNRISE AVE, Ste 204
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent
Name: THOMAS V. FLYNN
Street Address (P.O. Box Number is Not Acceptable): 265 SUNRISE AVE., Ste 204
City: PALM BEACH FL Zip Code 33480

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] - THOMAS V. FLYNN DATE 4/27/01
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	☐ Delete	TITLE: PSTD NAME: THOMAS V. FLYNN STREET ADDRESS: 5200 N. FLAGLER Dr., #2206 CITY-ST-ZIP: West Palm Beach, FL 33407	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/27/01 561-309-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR