

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90088 007 \*\*\*150.00

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DOCUMENT # P00000057157

1. Entity Name  
**BEST BUY INTERNET.COM, INC.**

Principal Place of Business      Mailing Address  
 7850 ULMERTON ROAD #8      7850 ULMERTON ROAD #8  
 LARGO FL 33773      LARGO FL 33773

2. Principal Place of Business <b>2435 U.S. HWY 19</b>		3. Mailing Address <b>2435 U.S. HWY 19</b>	
Suite, Apt. #, etc. <b>Suite 220</b>		Suite, Apt. #, etc. <b>Suite 220</b>	
City & State <b>HOLIDAY, FL</b>		City & State <b>HOLIDAY, FL</b>	
Zip <b>34691</b>	Country <b>U.S.</b>	Zip <b>34691</b>	Country <b>U.S.</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3657997</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GEIGER, WILLIAM Z 7850 ULMERTON ROAD #8 LARGO FL 33773</b>		7. Name and Address of New Registered Agent	
		Name <b>GEIGER WILLIAM Z</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2435 U.S. HWY 19</b>	
		Suite, Apt. #, etc. <b>Suite 220</b>	
		City <b>HOLIDAY FL</b>	Zip <b>34691</b>

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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEIGER, WILLIAM Z</b> <b>7850 ULMERTON ROAD #8</b> <b>LARGO FL 33773</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEIGER, WILLIAM Z</b> <b>2435 U.S. HWY 19 STE 220</b> <b>HOLIDAY, FL 34691</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 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: DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)