

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000068878**1. Entity Name  
CENTURY ONLINE GROUP, INC.**Principal Place of Business**

9029 HUNTINGTON PONTE DRIVE

SARASOTA  
34238

FL

**Mailing Address**

9029 HUNTINGTON PONTE DRIVE

SARASOTA  
34238

FL

**2. Principal Place of Business**

333 SOUTH TAMiami TRAIL

**3. Mailing Address**

333 SOUTH TAMiami TRAIL

Suite, Apt. #, etc.  
SUITE 283Suite, Apt. #, etc.  
SUITE 283City & State  
VENICE

FL

City & State  
VENICE

FL

Zip  
34285

Country

Zip  
34285

Country

**4. FEI Number**☒ Applied For  
☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**ROBENALT JOHN F  
9029 HUNTINGTON PONTE DRIVESARASOTA FL  
34238**7. Name and Address of New Registered Agent****Name**

ROBENALT JOHN F

Street Address (P.O. Box Number is Not Acceptable)  
333 SOUTH TAMiami TRAIL

SUITE 283

City  
VENICE

FL

Zip Code  
34285

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 \_\_\_\_\_ **04/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBENALT JOHN F	
STREET ADDRESS	9029 HUNTINGTON PONTE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBENALT JOHN F	
STREET ADDRESS	333 SOUTH TAMiami TRAIL, SUITE 283	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: John F. Robenalt**

P

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)