

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90273 016 ***550.00

DOCUMENT # P0000087244

1. Entity Name
FLORIDA LOCAL INTERACTIVE, INC.

Principal Place of Business C/O CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	Mailing Address C/O CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 400 N. Ashley Dr.	3. Mailing Address 10975 Benson St.
Suite, Apt. #, etc. Ste. 1925	Suite, Apt. #, etc. Ste 390
City & State Tampa, FL	City & State Overland Park, KS
Zip 33602	Country USA
Country USA	Zip 66210
Country USA	Country USA

4. FEI Number 58-2571158	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$550.00
~~After September 12, 2001, Fee will be \$750.00~~
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 NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, WILLIAM F JR 150 W MARKET ST, STE 530 INDIANAPOLIS IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBB, JAMES 2208 W 97TH ST LEAWOOD KS 66206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary William F. Bradley, Jr. 10975 Benson St, Ste 390 Overland Park, KS 66210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James Dobb 10975 Benson St, Ste 390 Overland Park, KS 66210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director Mukesh Patel 400 N. Ashley Dr, Ste 1925 Tampa, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Director Eric Burr 10975 Benson St, Ste 390 Overland Park, KS 66210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Harry Herington 10975 Benson St, Ste 390 Overland Park, KS 66210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Chandler 425 West Capital Ave, Ste 3565 Little Rock, AR 72201 <input type="checkbox"/> Change <input checked="" 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 information.

SIGNATURE: William F. Bradley, Jr. **8-30-01** **913-529-6001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CFR2E034 (5/01)