2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000098901 RESELL HOSTING VENTURES.COM, INC. 04-25-2001 90017 025 ***150.00 Principal Place of Business Mailing Address 3120 OYSTER BAYOU WAY 3120 OYSTER BAYOU WAY CLEARWATER FL 33759 CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 36 7 9 5 4 9 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BUSINESS FILINGS INCORPORATED** 1000 WEST AVENUE NO. 1114 MIAMI BEACH FL 33139-0000 Clearwater 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition JAMES, DAVID C NAME NAME STREET ADDRESS 3120 OYSTER BAYOU WAY STREET ADDRESS CITY-ST-7IP **CLEARWATER FL 33759** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CORNELIUS, MICHAEL B NAME NAME STREET ADDRESS 10460 ROOSEVELT BLVD N #251 STREET ADDRESS CITY-ST-7IP ST PETERSBURG FL 33716 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

David C James 4/20/01 727 7250943