

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90186 038 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> <span style="font-size: 1.5em;">PO0000103104</span>					
<b>1. Entity Name</b> <span style="font-size: 1.2em;">Financial Information Network, Inc.</span>					
<b>Principal Place of Business</b> <span style="font-size: 1.2em;">190 NW Spanish River Blvd. #101</span> <span style="font-size: 1.2em;">Boca Raton, FL 33431</span>			<b>Mailing Address</b>		
<b>2. Principal Place of Business</b> <span style="font-size: 1.2em;">Boca Raton</span>		<b>3. Mailing Address</b> <span style="font-size: 1.2em;">190 N.W. Spanish River Blvd.</span>			
Suite, Apt. #, etc. <span style="font-size: 1.2em;">101</span>		Suite, Apt. #, etc.			
City & State <span style="font-size: 1.2em;">Boca Raton Florida</span>		City & State		<b>4. FEI Number</b> <span style="font-size: 1.2em;">65-1059610</span>	
Zip <span style="font-size: 1.2em;">33431</span>		Country <span style="font-size: 1.2em;">USA</span>		Applied For Not Applicable	
Zip <span style="font-size: 1.2em;">33431</span>		Country <span style="font-size: 1.2em;">USA</span>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <span style="font-size: 1.2em;">David W. Stein</span> <span style="font-size: 1.2em;">9001 Wiles Rd. Apt 304</span> <span style="font-size: 1.2em;">Coral Springs FL 33067</span>			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<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.</b>					
SIGNATURE <span style="font-size: 1.2em;">David W. Stein</span> <span style="float: right;">4/21/01</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="font-size: 1.2em;">President ST</span> <span style="font-size: 1.2em;">David W. Stein</span> <span style="font-size: 1.2em;">9001 Wiles Rd #304</span> <span style="font-size: 1.2em;">Coral Springs FL 33067</span>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <span style="font-size: 1.2em;">David W. Stein</span>			<span style="font-size: 1.2em;">4/21/01</span> <span style="float: right;">954-605-2979</span> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (11/00)