

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000103331**1. Entity Name
INTERNET DOMAIN GROUP, INC.Principal Place of Business
P.O. BOX 210872
ROYAL PALM BEACH FL 33421Mailing Address
P.O. BOX 210872
ROYAL PALM BEACH FL 334212. Principal Place of Business
11320 FORTUNE CIRCLE3. Mailing Address
11320 FORTUNE CIRCLESuite, Apt. #, etc.
SUITE G1Suite, Apt. #, etc.
SUITE G1City & State
WELLINGTON FLCity & State
WELLINGTON FLZip
33414

Country

Zip
33414

Country

4. FEI Number
65-1048443Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFALLEN HOWARD M
12765 WEST FOREST HILL BLVD., STE. 1315

WELLINGTON FL 33414 US

7. Name and Address of New Registered AgentName
FALLEN HOWARD MStreet Address (P.O. Box Number is Not Acceptable)
11320 FORTUNE CIRCLE

SUITE G1

City
WELLINGTON FL Zip Code
33414

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 **HOWARD M. FALLEN****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME STD PLATEROTI PHILIP F ☐ Delete
STREET ADDRESS
P.O. BOX 210872
CITY-ST-ZIP ROYAL PALM BEACH FL 33421TITLE
NAME PD FALLEN HOWARD M ☐ Delete
STREET ADDRESS
P.O. BOX 210872
CITY-ST-ZIP ROYAL PALM BEACH FL 33421TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME STD PLATEROTI PHILIP F ☒ Change ☐ Addition
STREET ADDRESS
11320 FORTUNE CIRCLE, SUITE G1
CITY-ST-ZIP WELLINGTON FL 33414TITLE
NAME PD FALLEN HOWARD M ☒ Change ☐ Addition
STREET ADDRESS
11320 FORTUNE CIRCLE, SUITE G1
CITY-ST-ZIP WELLINGTON FL 33414TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: Howard M. Fallen

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)