

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90020 040 \*\*\*158.75

0645615 SP

**DOCUMENT # P01000024258**

1. Entity Name  
**INTERMEDIA U.S.A., INC.**

Principal Place of Business <b>C/O 4800 SW 51ST STREET          SUITE 106          DAVIE FL 33314</b>	Mailing Address <b>C/O 4800 SW 51ST STREET          SUITE 106          DAVIE FL 33314</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4100 North Powerline Road</b>	3. Mailing Address <b>4100 North Powerline Road</b>
Suite, Apt. #, etc. <b>J 5</b>	Suite, Apt. #, etc. <b>J 5</b>

City & State <b>Pompano Beach, FL</b>	City & State <b>Pompano Beach, FL</b>
Zip <b>33073</b>	Country <b>U.S.A.</b>

4. FEI Number <b>04-3603754</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MREJEN, ARIE P.A.  
 701 W. CYPRESS CREEK ROAD  
 SUITE 302  
 FORT LAUDERDALE FL 33309**

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 \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAMAN, ANDRE C/O 4800 SW 51ST STREET DAVIE FL 33314</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change 4100 North Powerline Road, Suite J 5 Pompano Beach, FL 33073</b>
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
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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

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: ANDRE MAMAN  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 590 2575  
 Daytime Phone #

CR2E034 (9/01)