

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90283 008 ***150.00

DOCUMENT # P01000031029

1. Entity Name
IBC INTERNET BROADCASTING COMPANY, INC.

Principal Place of Business
2385 EXECUTIVE CENTER DR. SUITE 100
BOCA RATON FL 33431

Mailing Address
2385 EXECUTIVE CENTER DR. SUITE 100
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 A. S.W. 5th Street

3. Mailing Address
P.O. Box 3472

Suite, Apt. #, etc.
2. Floor

Suite, Apt. #, etc.

City & State
Pompano Beach

City & State
Boca Raton

4. FEI Number
65-1102074

Applied For
 Not Applicable

Zip
FL 33060

Country
U.S.A.

Zip
FL 33427

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAHR, RALF G
2385 EXECUTIVE CENTER DR, SUITE 100
BOCA RATON FL 33431

Name **BAHR, RALF G**
 Street Address (P.O. Box Number is Not Acceptable)
201 A. S.W. 5th Street, 2. Floor
 City **Pompano Beach FL** Zip **33060**

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 **RALF G. BAHR**
 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, 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 **D**
 NAME **BAHR, RALF G**
 STREET ADDRESS **2385 EXECUTIVE CENTER DR, SUITE 100**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE
 NAME **RALF G. BAHR**
 STREET ADDRESS **201 A S.W. 5th Street 2. Floor**
 CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 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: **RALF G. BAHR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-02
 Date

CR2E034 (9/01)