

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90069 038 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                     |                                                                                                                                                                                                                      |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
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| <b>DOCUMENT # P01000057618</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                     |                                                                                                                                                                                                                      |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| <b>1. Entity Name</b><br>NETMULTITUDE INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                     |                                                                                                                                                                                                                      |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| <b>Principal Place of Business</b><br>5346 SW 34 TERRACE<br>FORT LAUDERDALE, FL 33312 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                     | <b>Mailing Address</b><br>5346 SW 34 TERRACE<br>FORT LAUDERDALE, FL 33312 US                                                                                                                                         |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                     | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                                                                                                                                                     |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                     | City & State                                                                                                                                                                                                         |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | Country             |                                                                                                                                                                                                                      | Zip                                                               |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | Country             |                                                                                                                                                                                                                      | 4. FEI Number <b>65-1127962</b>                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                     |                                                                                                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                             |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| <b>6. Name and Address of Current Registered Agent</b><br>SHERR, CYNTHIA L<br>5346 SW 34 TERRACE<br>FORT LAUDERDALE, FL 33312                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                     | <b>7. Name and Address of New Registered Agent</b><br>Name <u>Cynthia L. Sherr</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>2420 N. University Dr.</u><br>City <u>Pembroke Pines</u> FL <u>33024</u> |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                     |                                                                                                                                                                                                                      |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| SIGNATURE <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                     |                                                                                                                                                                                                                      | DATE <u>4/25/03</u>                                               |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                     |                                                                                                                                                                                                                      |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                     |                                                                                                                                                                                                                      |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>P</td> <td>STATMAN, EVAN J</td> <td>5346 SW 34 TERRACE</td> <td>FORT LAUDERDALE, FL 33312</td> <td></td> </tr> <tr> <td>GC</td> <td>MORO, DIANA L</td> <td>4449 FLEMING STREET</td> <td>PHILADELPHIA, PA 19128</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>ST</td> <td>SHERR, CYNTHIA L</td> <td>5346 SW 34 TERRACE</td> <td>FORT LAUDERDALE, FL 33312</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table> |                  |                     |                                                                                                                                                                                                                      |                                                                   |  | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete                                   | P | STATMAN, EVAN J | 5346 SW 34 TERRACE | FORT LAUDERDALE, FL 33312 |  | GC | MORO, DIANA L | 4449 FLEMING STREET | PHILADELPHIA, PA 19128 | <input checked="" type="checkbox"/> Delete | ST | SHERR, CYNTHIA L | 5346 SW 34 TERRACE | FORT LAUDERDALE, FL 33312 |  |  |  |  |  | <input type="checkbox"/> Delete |  |  |  |  | <input type="checkbox"/> Delete |  |  |  |  | <input type="checkbox"/> Delete |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAME             | STREET ADDRESS      | CITY-ST-ZIP                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STATMAN, EVAN J  | 5346 SW 34 TERRACE  | FORT LAUDERDALE, FL 33312                                                                                                                                                                                            |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| GC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MORO, DIANA L    | 4449 FLEMING STREET | PHILADELPHIA, PA 19128                                                                                                                                                                                               | <input checked="" type="checkbox"/> Delete                        |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SHERR, CYNTHIA L | 5346 SW 34 TERRACE  | FORT LAUDERDALE, FL 33312                                                                                                                                                                                            |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                     |                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                     |                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                     |                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                     |                                                                                                                                                                                                                      |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAME             | STREET ADDRESS      | CITY-ST-ZIP                                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                     |                                                                                                                                                                                                                      |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                     |                                                                                                                                                                                                                      |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                     |                                                                                                                                                                                                                      |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.                                                                                                                                                                                                                                                                                                                                                                                     |                  |                     |                                                                                                                                                                                                                      |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |
| SIGNATURE: <u>[Signature]</u> <b>CYNTHIA SHERR SEC.</b> <u>4/25/03</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                     |                                                                                                                                                                                                                      |                                                                   |  |       |      |                |             |                                                                   |   |                 |                    |                           |  |    |               |                     |                        |                                            |    |                  |                    |                           |  |  |  |  |  |                                 |  |  |  |  |                                 |  |  |  |  |                                 |

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