2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000065701

Entity Name: INSITE INTERNET CORPORATION

Current Principal Place of Business:

5701 LEELAND ST. SOUTH
ST. PETERSBURG, FL 33715

New Principal Place of Business:

5700 MEMORIAL HWY
STE 111
TAMPA, FL 33615

Current Mailing Address:

P.O. BOX 66219
ST. PETE BEACH, FL 33736

New Mailing Address:

5700 MEMORIAL HWY
STE 111
TAMPA, FL 33615

FEI Number: 59-3728637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOESTER, WERNER W
5701 LEELAND ST. SOUTH
ST. PETERSBURG, FL 33715

Name and Address of New Registered Agent:

FAITH, DAVID M
5700 MEMORIAL HWY
STE 111
TAMPA, FL 33615

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: DAVID M FAITH 04/30/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KOESTER, WERNER W
Address: 5701 LEELAND ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33715

Title: D (X) Delete
Name: FAITH, DAVID
Address: 611 GULF WAY
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FAITH, DAVID M
Address: 5700 MEMORIAL HWY, STE 111
City-St-Zip: TAMPA, FL 33615

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M FAITH PRES 04/30/2002
Electronic Signature of Signing Officer or Director Date