

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90069 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000074236

1. Entity Name

XP Internet Services Inc

659608

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2221 E Silver Springs Blvd

3. Mailing Address

2221 E Silver Springs Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3735543

Applied For

Not Applicable

Zip

34470

Country

US

Zip

34470

Country

US

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name: George Ortiz

Street Address (P.O. Box Number is Not Acceptable)
1515 E Silver Springs Blvd

Suite 128

City: Orlando

FL

Zip Code 34470

DO NOT WRITE
IN THIS SPACE

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

Scott Shuerson

SCOTT Shuerson

4-30-02

Signature of person or persons registered agent and also applicable.

(NOTE: Registered Agent signature is required when (re)designating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$650.00

Amended UBR is \$61.25

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

TITLE: Owner
 NAME: SCOTT Shuerson
 STREET ADDRESS: 812 SE 44th Ave
 CITY-ST-ZIP: Orlando FL 32811

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:

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)(c), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott Shuerson

SCOTT Shuerson

4-30-02

352-361-8991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/01)