FOR PROFIT C RPORATION **UNIFORM BUSINESS REPORT (UBR)**

DO NOT WRITE IN THIS SPACE

GOT YOUR WATCH. COM, INC.

DOCUMENT # P01000100641

FILED Jun 27, 2002 8:00 am Secretary of State

06-27-2002 90523 029 ***150.00

				80126020
ness	111	3. Mailing Address	66000000 0000	

2. Principal Place of Busin (OLLINS HVE 7655 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1002 City & State City & State 4. FEI Number Applied For

クスース Not Applicable \$8.75 Additional 3315 Fee Required

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	resea whi	3816
Name JOSEPH-R-ROTH	- 5-	. 10 D
Street Address (P.O. Box Number is Not Acceptable)		

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8.	The above named entity submits this:	statement for the purpose of c	changing its registered office	or registered agent, or	both, in the State of Florida.
	The second of th				

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE R. ROTH NAME JOSEPH MASIE STREET ACCRESS 9655 W. BROWARD BLUD. STREET ADDRESS CITY-ST-ZIP C:TY-ST-ZIP PUNTATION FL 3332 TITLE TOLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME WAS: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE



Attachment BO/24000

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

May 27, 2002

GOT YOUR WATCH.COM INC 9655 W. BROWARD BLVD. PLANTATION, FL 33324

Subject: GOT YOUR WATCH.COM INC

Reference Number:

000000651333

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/BG ANNUAL REPORTS SECTION