2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000111136

1. Entity Name
ISLAND INTERNET, INC



Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90068 009 ***150.00

Pincipant Place of Business Nathrop Ackdessed Name		TIME, INC.			ļ						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & St	1040 MORNIN	MORNINGSIDE DR									
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City & State September 59-3760315 Applied For New Properties of New Registered Se.75 Applicable Se.75 Ap	2. Principal F	Place of Business	3. Mai	3. Mailing Address					601) 6619 1190 11	10) 11661 1100F	OUEDA ARUT HAAT
Section Sect	Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Dearway Mentages of Current Registered Agent 7. Name and Address of Mer Registered Agent 8. TAYS THE SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named ent by submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the decipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipations of registered agent. SIGNATURE STREET AGENTS. Typed or primar rare of registered agent at the respiration. PELLE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 Make Check Poyable to Florida Department of State 10. TITLE OPST WILSON, GARY M WILSON GARY M WILSON, GARY M WILSON GARY M WIL	City & Stat	e	City	City & State				El Number 59-376031	5		
Name STAYS THE SAME	Zip	Country	Zip		Count	ry	5. (Certificate of Status Desired			
STAYS THE SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6: The above named entity subritis 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 orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WILSON, GARY M NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRE		6. Name and Address of Curren	t Registere	ed Agent			7. N	lame and Address of Nev	Registered A	gent	
INTEL NOWES FL 34 103 City FL Zip Code	14/11 0 0 11	nany is				Name	STA	YS THE SAME			
City FL Zip Code 8: The above named entity submits his 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 we collegations or registered agent. SIGNATURE Signature, typed or preservation of registered agent and their applicable. OPTE Registered Agent discusser excepted when remotioning their acceptance agent and their applicable. OPTE Registered Agent discusser excepted when remotioning DATE	· ·	W.		Stre							
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12. Thereby certify that the information subplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes 1 further certify that the information			h data 600-					140.07(0)(7) 51 11 01 11			

Thereby certify that the information studying 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 true are appears in Block 10 or Block 11 if changed, or on an attachment with an actives, with all other like empowered.

SIGNATURE:

SIGN EQUIRED 03/05/03

239-262-3586

Date

Daytime Phone #