FILED
Mar 24, 2003 8:00 am
Secretary of State
02-17-2003 90247 011 ***150.00

2/17/2003-90247-011

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000004570

1. Entity Name
WEBCOMUSA, INC.

Principal Place of Business	Mailing Address
16517 S.W. 97TH TERRACE MIAMI, FL 33196	16517 S.W. 97TH TERRACE MIAMI, FL 33196

2. Principal Place of Business	3. Mailing Address
3460 W HILLSBORO BLVD	3460 W HILLSBORO BLVD
Suite, Apt. #, etc. 107.	Suite, Apt. #, etc. # 107
City & State COCONUT CREEK FL	City & State COCONUT CREEK, FL
Zip / Country 33073 / USA	Zip / Country 33073 / USA.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number
75-3031245
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, LAURENCE
16517 S.W. 97TH TERRACE
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name: ALLEN, MARK
Street Address (P.O. Box Number Is Not Acceptable): 3460 W HILLSBORO BLVD
107
City: COCONUT CREEK FL Zip Code: 33073

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: _____ (NOM. Signature, typed or printed name of registered agent and title if applicable) DATE: 2/13/03

FILE NOW! (FILING FEE) $ 150.00
After May 1, 2003 Fee will be $600.00
Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, MARK 16517 S.W. 97TH TERRACE MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSO/CHAIRMAN MARK ALLEN 3460 W HILLSBORO BLVD # 107 COCONUT CREEK FL 33073 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORTE, CONROY 1425 S.W. 157TH AVENUE PEMBROKE PINES, FL 33027	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO/DIRECTOR ERROL HANSON 9000 SHERIDON ST, STE # 119 PEMBROKE PINES, FL 33024 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, DAIGHN 6945 PARKWAY DRIVE LITHONIA, GA 30058	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALMER, MINETT 974 EAST 46TH STREET BROOKLYN, NY 11203	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO. SECRETARY ANN LINDO 3460 W HILLSBORO BLVD # 107 COCONUT CREEK, FL 33073 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR EJERTON BAILEY 10521 SW 108 CT APT # 306 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIAMI FL 33196 ☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 02/12/03 954-418-9867.
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Daytime Phone #)