

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90139 024 ***150.00

DOCUMENT # P02000030928



1. Entity Name
INTERNET BUSINESS CORPORATION

Principal Place of Business
255 SOUTH ORANGE AVE SIXTH FLOOR
ORLANDO FL 32801

Mailing Address
255 SOUTH ORANGE AVE SIXTH FLOOR
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

P.O. Box 1511

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

4. FEI Number

03-0422404

Applied For

Not Applicable

Zip

Country

Zip

Country

32802

Orange

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINO, LAURENCE J ESQ
255 SOUTH ORANGE AVE SIXTH FLOOR
ORLANDO FL 32801

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	PINO, LAURENCE J	
STREET ADDRESS	255 SOUTH ORANGE AVE SIXTH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Early, David	
STREET ADDRESS	255 S. Orange Ave., 6th Floor	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Quinn, Wanda	
STREET ADDRESS	255 S. Orange Ave., 6th Floor	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Patricia	
STREET ADDRESS	255 S. Orange Ave., 6th Floor	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David Early **REQUIRED** David Early, 4/1/03 (407)206-6513
Date Daytime Phone #
Pres.

CR2E034 (10/02)