

FILED  
May 06, 2003 8:00 am  
Secretary of State

05-06-2003 90048 012 \*\*\*150.00

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

DOCUMENT # P02000076876

1. Entity Name  
**GOTO NETWORK, INC.**



Principal Place of Business  
75 JACKSON STREET  
APT. PH-B  
HOBOKEN, NJ 07030

Mailing Address  
75 JACKSON STREET  
APT. PH-B  
HOBOKEN, NJ 07030



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**200 BUNKER HILL RD**  
/ Suite, Apt. #, etc.

3. Mailing Address  
**200 BUNKER HILL RD.**  
Suite, Apt. #, etc.

City & State  
**PRINCETON, NJ**

City & State  
**PRINCETON, NJ**

4. FEI Number  
**50-0004378**

Applied For  
☐ Not Applicable

Zip  
**08540**

Country  
**SOMERSET**

Zip  
**08540**

Country  
**SOMERSET**

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

6. Name and Address of Current Registered Agent

**KING, CHARLES L  
1018 THOMASVILLE ROAD  
SUITE 104  
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

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 *Jason M King* **JASON M KING**

**MAY 1, 2003**  
DATE

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

TITLE  
NAME **D** ☐ Delete  
**KING, JASON L**  
STREET ADDRESS  
CITY-ST-ZIP **75 JACKSON STREET APT. PH-B  
HOBOKEN, NJ 07030**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **DIRECTOR, PRESIDENT** ☒ Change ☐ Addition  
**KING, JASON M.**  
STREET ADDRESS  
CITY-ST-ZIP **200 BUNKER HILL RD.  
PRINCETON NJ 08540**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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TITLE  
NAME ☐ Change ☐ Addition  
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: *Jason M King* **JASON M KING**

**MAY 1, 2003** **201-779-7161**  
Date Daytime Phone #

CR2E034 (10/02)