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SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 30 AM 8:58

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000079267

1. Entity Name
WEBCOMP INC.

Principal Place of Business	Mailing Address
616 OCEAN BLVD MIAMI, FL 33160	616 OCEAN BLVD MIAMI, FL 33160

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1211-B N. Surf Rd		368	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hollywood		City & State	
Zip: 33019	Country: USA	Zip: 5	Country

4. FEI Number: 01-0738419 8 ☐ Applied For ☐ Not Applicable

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
JACQUELINE, SATZ 616 OCEAN BLVD MIAMI, FL 33160	Name: JACQUELINE SATZ Street Address (P.O. Box Number Is Not Acceptable): 368 HAWTHORNE HILLS PL #102 City: ORLANDO FL Zip Code: 32835

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: Jacqueline Satz, PRESIDENT 4/30/03
Signature, typed or printed name of registered agent and title if applicable: JACQUELINE SATZ (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACQUELINE, SATZ 616 OCEAN BLVD MIAMI, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHANIE, SATZ 616 OCEAN BLVD MIAMI, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Jacqueline Satz 4/30/03 800-753-1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JACQUELINE SATZ, PRES. Date Daytime Phone #

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