

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062393

1. Entity Name
SOFTWARE PUBLISHERS GROUP, INC.

Principal Place of Business

4636 HARBOUR N CT
JACKSONVILLE FL 32225
US

Mailing Address

BARRY ANSBACHER
1301 RIVERPLACE STE 2450
JACKSONVILLE FL 32207
US

2. Principal Place of Business

4636 Harbour N. Ct

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

Zip 32225 Country U.S.

City & State

Zip

Country

4. FEI Number 59-3203246

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANSBACHER, BARRY B
2450 RIVER PLACE TOWER
1301 RIVER PLACE BOULEVARD
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name Barry B. Ansbacher, P.A.

Street Address (P.O. Box Number is Not Acceptable)

Unchanged

Unchanged

City Unchanged

FL Zip Code
Unchanged

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.

SIGNATURE

Ansbacher as President

4/27/01

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete HIBBARD, WILLIAM K 4636 HARBOUR NORTH COURT JACKSONVILLE FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <input type="checkbox"/> Delete GARRIAN, GARY 8049 ARLINGTON EXWAY #11 JACKSONVILLE FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William K. Hibbard* William K. Hibbard 4/27/01 (904)396-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #