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PROFIT

SIGNATURE:

Apr 06 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name P95000077513 (6) CYBERSCAPES, INC. Principal Place of Business Mailing Address 6929 13TH AVENUE NORTH 6929 13TH AVENUE NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3347162 Not Applicable 26 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ✓ Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BYRNE, JAMES A 540 4TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33701 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE KAGEYAMA, PETER K CR2E034 NAME 1.2 NAME 11412 2ND ST N NO. 4 STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE WALKER, KENNETH S NAME 2.2 NAME 6929 13THA VE N STREET ADDRESS 2.9 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME **GOLDSTEIN. JAY E** 3.2 NAME 813 LORENA RD STREET ADDRESS 3.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 3.4. CITY - S1 - ZIP Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

3/1/00

FLORIDA DEPARTMENT OF STATE

FILED