

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90149 034 ***150.00

UZ01930 AV

DOCUMENT # P96000030586

1. Entity Name
PICK INTERNET CONNECTIONS, INC.



Principal Place of Business
**6574 N STATE RD 7-
SUITE 178
COCONUT CREEK FL 33073
US**

Mailing Address
**6574 N STATE RD 7
SUITE 178
COCONUT CREEK FL 33073
US**



2. Principal Place of Business
c/o ALTMANN & ASSOC INC

3. Mailing Address
c/o ALTMANN & ASSOC INC,

Suite, Apt. #, etc.
P.O. Box 212046

Suite, Apt. #, etc.
P.O. Box 212046

City & State
ROYAL PALM BEACH, FL

City & State
ROYAL PALM BEACH, FL

4. FEI Number **65-0664022**

Applied For
Not Applicable

Zip **33421**

Country **US**

Zip **33421**

Country **US**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALTMANN, PAUL
2200 NW CORPORATE BLVD
SUITE 403
BOCA RATON FL 33431**

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 _____
Signature, typed or printed name of registered agent and title if applicable (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD ALTMANN, PAUL 6574 N STATE ROAD 7 COCONUT CREEK FL 33073 <i>2200 NW Corporate Blvd SUITE 403 BOCA RATON, FL 33431</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PICK, THOMAS 10109 AQUA VISTA WAY BOCA RATON FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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: **ALTMANN, PAUL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/03**
Daytime Phone #

CR2E034 (10/02)