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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/27/03--01005--010 **61.25

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036339

1. Entity Name
THE NETSURFERS CORPORATION

Principal Place of Business	Mailing Address
515 N. FLAGLER DRIVE, P-400 WEST PALM BEACH, FL 33401 US	515 N. FLAGLER DRIVE, P-400 WEST PALM BEACH, FL 33401 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
900 OSCEOLA DR.	900 OSCEOLA DR.
Suite, Apt #, etc. 200	Suite, Apt #, etc. 200
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33409 Country PALM BEACH	Zip 33409 Country PALM BEACH

4. FEI Number 65-0662462 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARRON, HELEN M
515 N. FLAGLER DR, P-400
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable) 900 OSCEOLA DR.
SUITE 200
City WEST PALM BEACH FL Zip Code 33409

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] HELEN M. BARRON 8/25/03
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
Amended UBR is $61.25
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	SD	☑ Delete	TITLE	S/T/D/V	☐ Change ☑ Addition
NAME	DICKSON, JOANNE P		NAME	ROBERT H. BARRON	
STREET ADDRESS	515 N. FLAGLER DRIVE, P-400		STREET ADDRESS	900 OSCEOLA DR., STE. 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	PD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	BARRON, HELEN M		NAME		
STREET ADDRESS	515 N. FLAGLER DRIVE, P-400		STREET ADDRESS	900 OSCEOLA DR., STE. 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E031 (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: [signature] ROBERT H. BARRON 8/25/03 561-689-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JRJ/28