

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
05-16-2001 90389 025 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000036735**  
Entity Name  
**Netmart Inc.**

Principal Place of Business Mailing Address  
**218 Southern Country Lane**  
**Quincy Florida**  
**32351**

**C0067511**

Principal Place of Business 3. Mailing Address  
**Use Same as above** **Same as above**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Country Zip Country

4. FEI Number **98-0162476** Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Mark Hankins**  
**(305) 379-7907**

7. Name and Address of New Registered Agent  
Name **AIA Florida Corporate Services**  
Street Address (P.O. Box Number is Not Acceptable)  
**218 Southern Country Lane**  
City **Quincy** FL Zip Code **32351**

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.

NATURE **AIA Florida Corporate Services** BY **James Dahan** 04/13/2001  
Signature, typed or printed name of registered agent and the date. (NOTE: Registered Agent signature required when transferring jurisdiction.)

This corporation is eligible to satisfy its Intangible Tax (100% requirement and elects to do so. See criteria on back)

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**

NAME	<b>James Dahan</b>	<input type="checkbox"/> Delete
TITLE	<b>President</b>	
STREET ADDRESS	<b>625 Belmont, Montreal, Quebec, Canada</b>	
CITY-ST-ZIP	<b>H3B 2M1</b>	
NAME	<b>Jack Edery (Secretary)</b>	<input type="checkbox"/> Delete
TITLE	<b>625 Belmont, Montreal, Quebec</b>	
STREET ADDRESS	<b>Canada H3B 2M1</b>	
CITY-ST-ZIP		
NAME	<b>Noiman Goldberg (VP)</b>	<input type="checkbox"/> Delete
TITLE	<b>625 Belmont, Montreal, Quebec</b>	
STREET ADDRESS	<b>Canada H3B 2M1</b>	
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
TITLE		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
TITLE		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 disclosed 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: **Jack Edery** 04/18/2001 514-940-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/100)