

<h1>DOCUMENT # P96000060450</h1>			
1. Entity Name <div style="text-align: center; font-size: 1.2em; font-weight: bold;">URNET.COM, INC.</div>			
Principal Place of Business 9534 SEMINOLE BLVD SEMINOLE FL 33772 US		Mailing Address 9534 SEMINOLE BLVD SEMINOLE FL 33772-2551 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
KANE, LISA 5192 75TH STREET NORTH ST. PETERSBURG FL 33709			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	KANE, LISA		
STREET ADDRESS	5192 75TH STREET NORTH		
CITY-ST-ZIP	ST. PETERSBURG FL 33709		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	KANE JR., EARL W		
STREET ADDRESS	5192 75TH STREET NORTH		
CITY-ST-ZIP	ST. PETERSBURG FL 33709		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
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12.			
TITLE			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 13.1 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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DO NOT WRITE IN THIS SPACE