

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90017 023 ***158.75

DOCUMENT # P96000076365

1. Entity Name

GLOBAL INTERACTIVE NETWORK SYSTEMS, INC.

Principal Place of Business

Mailing Address

7825 NORTH DALE MABRY
 #103
 TAMPA FL 33614
 US

7825 NORTH DALE MABRY
 #103
 TAMPA FL 33614
 US

2. Principal Place of Business

3. Mailing Address

7825 North Dale Mabry

7825 North Dale Mabry

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

104

City & State

City & State

Tampa, FL

Tampa FL

Zip

Country

Zip

Country

33614

USA

33614

USA

4. FEI Number

59-3399324

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-0000

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WEIR, STEPHEN J	15321 MORNING DR	LUTZ FL 33549	<input type="checkbox"/>
D	HOUCK, AARON L	8314 JANA DRIVE	ODESSA FL 33556	<input type="checkbox"/>
D	Daniel Colon	3502 Magnolia Tree Lane #102	Tampa, FL 33614	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
D	Daniel Colon	3502 Magnolia Tree Lane #102	Tampa, FL 33614	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen J Weir, Pres Date: 03/06/00 Daytime Phone #: 813-936-8919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR