

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 31, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000093088**1. Entity Name
BRAINBUZZ.COM, INC.**Principal Place of Business**5445 W. CYPRESS STREET
SUITE 300
TAMPA
33607

FL

Mailing Address5445 W. CYPRESS STREET
SUITE 300
TAMPA
33607

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3429288**

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 AgentLLOYD SPENCER D
1111 N WESTSHORE BLVD
#500
TAMPA
33607

FL

US

7. Name and Address of New Registered Agent

Name

D'ADAMO JEFF

Street Address (P.O. Box Number is Not Acceptable)

5445 W. CYPRESS STREET

#300

City
TAMPA

FL

Zip Code
33607

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 **JEFF D'ADAMO****01/31/2001**

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, 2001 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 D ☒ Delete
NAME LEONARD RIVerson
STREET ADDRESS 1111 N WESTSHORE BLVD #500
CITY-ST-ZIP TAMPA FL 33607TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME HORN ALEX
STREET ADDRESS 1111 N WESTSHORE BLVD #500
CITY-ST-ZIP TAMPA FL 33607TITLE D ☒ Change ☐ Addition
NAME HERN ALEX
STREET ADDRESS 5445 W. CYPRESS STREET #300
CITY-ST-ZIP TAMPA FL 33607TITLE ST ☐ Delete
NAME LLOYD SPENCER
STREET ADDRESS 1111 N WESTSHORE BLVD #500
CITY-ST-ZIP TAMPA FL 33607TITLE P ☒ Change ☐ Addition
NAME D'ADAMO JEFF
STREET ADDRESS 5445 W. CYPRESS STREET #300
CITY-ST-ZIP TAMPA FL 33607TITLE P ☐ Delete
NAME WALLACE TOM
STREET ADDRESS 1111 N WESTSHORE BLVD #500
CITY-ST-ZIP TAMPA FL 33607TITLE D ☒ Change ☐ Addition
NAME WALLACE TOM
STREET ADDRESS 5445 W. CYPRESS STREET #300
CITY-ST-ZIP TAMPA FL 33607TITLE CEO ☐ Delete
NAME DOYLE DAN
STREET ADDRESS 1111 N WESTSHORE BLVD #500
CITY-ST-ZIP TAMPA FL 33607TITLE C ☒ Change ☐ Addition
NAME DOYLE DAN
STREET ADDRESS 5445 W. CYPRESS STREET #300
CITY-ST-ZIP TAMPA FL 33607TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 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: Jeff D'Adamo

P

01/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)