

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90306 015 ***150.00

DOCUMENT # P97000002192

1. Entity Name
SIMPLYSTREAMING.COM, INC.

Principal Place of Business 9648 ROYAL PALM BLVD CORAL SPRINGS FL 33065	Mailing Address 9648 ROYAL PALM BLVD CORAL SPRINGS FL 33065
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1113 Blue Coral Dr.</i>	3. Mailing Address <i>1113 Blue Coral Dr.</i>
Suite, Apt. #, etc. <i>Bo</i>	Suite, Apt. #, etc.

City & State <i>Boca Raton FL</i>	City & State <i>Boca Raton FL</i>	4. FEI Number 65-0718207	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33498</i>	Country <i>Palm Beach</i>	Zip <i>33498</i>	Country <i>P.B. County</i>

6. Name and Address of Current Registered Agent RUTHERFORD MULHALL & WARGO 2600 NORTH MILITARY TRAIL 4TH FLOOR BOCA RATON FL 33431-6348	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST BERMAN, MARK A 9649 ROYAL PALM BLVD CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same SAM E 1113 Blue Coral Dr. Boca Raton FL 33498</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MARK A. BERMAN* **MARK A. BERMAN** 4/17/01 **753-501-7503**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)