2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90124 001 ***150.00

DOCUMENT # P97000012554

1. Entity Name

INTERNET STOCK EXCHANGE, CORP.

Principal Place of Business	Mailing Address
1289 Snell Isle Blvd. NE St. Petersburg, FL 33704	1289 Snell Isle Blvd. NE St. Petersburg, FL 33704

C0084343

2. Principal Place of Business	3. Mailing Address
1289 Snell Isle Blvd. NE	1289 Snell Isle Blvd. NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33704 Country: US	Zip: 33704 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3486915 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Kyriakides, Nicholas
204 - 37th Ave. No., #332
St. Petersburg, FL 33704

7. Name and Address of New Registered Agent

Name: Henry A. Stein
Street Address (P.O. Box Number is Not Acceptable): 501 First Avenue North
Suite 1000
City: St. Petersburg FL Zip Code: 33701

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] HENRY A STEIN 4-27-00
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	P D ☐ Delete	TITLE	☒ Change address ☐ Addition
NAME	Kyriakides, Anastasios	NAME	
STREET ADDRESS	204 - 37th Ave. No., #332	STREET ADDRESS	1289 Snell Isle Blvd. NE
CITY-ST-ZIP	St. Petersburg, FL 33704	CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: [signature] 4/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #