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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700030736

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90181 007 \*\*\*150.00

| INSIGHT  | VENTURES, INC.                                     |                                       |                     |            |                 |         |   |                                 |                          |                     |
|--|--|---------------------------------------|---------------------|------------|-----------------|---------|---|---------------------------------|--------------------------|---------------------|
| Principal Place  | of Business  | Mailing Address                       |                     |            | ·               |         | רם ווופס וופטו וווטו סוו ומפוופטו ו                 | )))) <b>32</b> ()) <b>50) 5</b> | 11111 <b>12</b> 111 1224 | )# 1111# #IN 1##I   |
| 218 ROYAL PALM WAY PALM BEACH FL 33480  218 ROYAL PALM WAY PALM BEACH FL 33480 |  |                                       |                     |            |                 |         | DO NOT WRI  | TE IN THIS                      | SPACE                    |                     |
|  |  |                                       |                     |            |                 | 3.      | Date Incorporated or Qualifed                       | 12 114 1110                     |                          |                     |
|  |  |                                       |                     |            |                 | 1       | 04/04/1997  |                                 |                          |                     |
| 2. Principal Place of Business 2a. Mailing Address                             |  |                                       |                     |            |                 |         | FEI Number  |                                 | A                        | pplied For          |
| 21 26  |  |                                       |                     | ·          |                 |         | <u>applied for</u>                                  |                                 |                          | lot Applicable      |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |                                       |                     |            |                 |         | Certifcate of Status Desired                        |                                 | <b>+</b>                 | Additional teguired |
| 27   |  |                                       |                     |            |                 |         | er a e e e e e e                                    |                                 |                          |                     |
| City & State City & State  |  |                                       |                     |            |                 |         | Election Campaign Financing Trust Fund Contribution |                                 | •                        | May Be              |
| Zip  | Country  |                                       | Coun                | try        |                 | +       | This corporation owes the curr                      | rent vear Int                   |                          |                     |
| 24   | 25   | 29                                    | 30                  | -          |                 | 1       | Personal Property Tax.                              |                                 | ∐ Yes                    | ⊠Ńo                 |
|  | 9. Name and Address of Curre                       |                                       |                     |            |                 | 10.     | Name and Address of New I                           | Registered                      | Agent                    |                     |
|  |  |                                       | - [                 | 81 N       | ame             |         |   |                                 |                          |                     |
| KRASKER, PAUL A ESQ. MOYLE, FLANIGAN ET AL. 625 N. FLAGLER DRIVE, 9TH FLOOR    |  |                                       |                     | 82 S       | treet Addre     | ss (P.  | O. Box Number is Not Accepta                        | able)                           |                          |                     |
|  |  |                                       |                     |            |                 |         |   |                                 |                          |                     |
|  |  |                                       |                     | 83         |                 |         |   |                                 |                          |                     |
| WEST PALM BEACH FL 33401   |  |                                       | ļ:                  | 84 C       | ity             |         |   | FL                              | 85 Zip                   | Code                |
|  | to the provisions of Sections 607.05               | 1 227 4500 51 11 24 44                |                     |            |                 |         | aubmits this statement for the                      |                                 | changing it              | hereteiner er       |
| office or re   | egistered agent, or both, in the State             | e of Florida. Such change was a       | uthorized           | by the     | corporation     | n's bo  | ard of directors. I hereby acce                     | pt the appoi                    | ntment as r              | egistered           |
| agent. I ar  | n familiar with, and accept the oblig              | ations of, Section 607.0505, Flo      | rida Statut         | tes.       |                 |         | ·   |                                 |                          | 1                   |
| SIGNATURE  | Signature, typed or printed name of registered ag- | ent and title if applicable. (NOTE    | : Registered #      | Agent sign | nature required | when re | instating)  | DATE                            |                          | }                   |
| 12.  |  | ND DIRECTORS                          | 13.                 |            |                 | А       | ODITIONS/CHANGES TO OF                              | FICERS AN                       |                          |                     |
| TITLE  | DP   | ☐ DELETE                              | 1.1 TITL            | .E         |                 |         | _   |                                 | ☐ Change                 | Addition            |
| NAME   | HAISFIELD, LISA                                    |                                       | 1.2 NAA             | ΝE         | }               |         |   |                                 |                          | Į.                  |
| STREET ADDRESS   | 218 ROYAL PALM WAY                                 |                                       | 1.3 STF             | REET ADD   | RESS            |         |   |                                 |                          |                     |
| CITY-ST-ZIP  | PALM BEACH FL 33480                                |                                       | 1.4 CITY-ST-ZIP     |            | ·               |         |   |                                 |                          | Addition            |
| TITLE  | DVP  | — — — — — — — — — — — — — — — — — — — |                     | 2.1 TITLE  |                 |         |   |                                 | Change                   | Addidoin            |
| NAME   | HAISFIELD, MARC                                    |                                       |                     | 2.2 NAME   |                 |         |   |                                 |                          |                     |
| STREET ADDRESS   | 218 ROYAL PALM WAY                                 |                                       | 1                   | REET ADC   | j               |         |   |                                 |                          |                     |
| CITY-ST-ZIP  | PALM BEACH FL 33480                                | ☐ DELETE                              | 2.4 CIT<br>3.1 TITL | Y-\$T-ZI   | -               |         |   | - <del>-</del> -                | ☐ Change                 | Addition            |
| TITLE  |  |                                       | 3.2 NAM             |            | İ               |         |   |                                 |                          | _                   |
| NAME   |  |                                       |                     | REET ADD   | RESS            |         |   |                                 |                          |                     |
| STREET ADDRESS   |  |                                       |                     | Y-ST-ZI    | - 1             |         |   |                                 |                          |                     |
| CITY-ST-ZIP<br>TITLE   |  | ☐ DELETE                              | 4.1 TITI            |            |                 |         |   |                                 | ☐ Change                 | Addition            |
| NAME   |  |                                       | 4. 2 NA             | ME         |                 |         |   |                                 |                          |                     |
| STREET ADDRESS   |  |                                       | 4.3 STF             | REET ADD   | RESS            |         |   |                                 |                          |                     |
| CITY-ST-ZIP  |  |                                       | 4.4 CIT             | Y-ST-ZIF   | ,               |         |   |                                 |                          |                     |
| TITLE  |  | ☐ DELETE                              | 5.1 ΤΙΤΙ            |            |                 |         | <u> </u>  |                                 | ☐ Change                 | Addition            |
| NAME   |  |                                       | 5.2 NA              | ME         |                 |         |   |                                 |                          |                     |
| STREET ADDRESS   |  |                                       | 5.3 STF             | REET ADD   | DRESS           |         |   |                                 |                          |                     |
| CITY-ST-ZIP  |  | ·····                                 |                     | Y-ST-ZIF   | <u>`</u>        |         |   |                                 |                          |                     |
| TITLE  |  | ☐ DELETE                              | 6.1 TM              |            |                 |         |   |                                 | Change                   | Addition            |
| NAME   |  |                                       | 6.2 NA              |            |                 |         |   |                                 |                          |                     |
| STREET ADDRESS   |  |                                       | 6.3 STF             | REET ADO   | DRESS           |         |   |                                 |                          |                     |

CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attribution with an address, with all other like empowered.

SIGNATURE: