2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOGUMENT # **P97000066824** 1. Entity Name STICKY WEB, INC. 04-19-2001 90014 025 ***168.75 Principal Place of Business Mailing Address 411 EAST ATLANTIC AVENUE, #6 411 EAST ATLANTIC AVENUE, #6 **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0775522 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DISTEFANO, THOMAS L III Street Address (P.O. Box Number is Not Acceptable) 2898 NW 26TH CT. **BOCA RATON FL 33434** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE □ Delete TITLE Change Addition NAME DISTEFANO, THOMAS L III NAME STREET ADDRESS 2898 NW 26TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** ☐ Delete TITLE ☐ Change ☐ Addition MONTELEONE, CHRISTOPHER L NAME STREET ADDRESS 9232 ARBOR WOODS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LADD, TIMOTHY D NAME STREET ADDRESS 10 HOWLAND ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FAIRHAVEN MA 02719 TITLE ☐ Change ☐ Addition WOLKOWITZ, HOWARD NAME STREET ADDRESS **5041 N 37TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete Change TITLE Addition NAME DISTEFNIO, THOMAS L NAME STREET ADDRESS 48 BARTON HILL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EAST HAMPTON CT 06424 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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 in Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with ar address with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIE