PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000001537

1411. COM, INC.

Principal Place of Business	Mailing Address					
5100 WEST COPANS ROAD	5100 WEST COPANS ROAD)				
SUITE 410	SUITE 410					
MARGATE FL 33063 MARGATE FL 33063			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified 01/07/1998			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Apriled For		
21	26		65 09 [8.8 A.].	Not Applicable		
Suite, Act. #, etc.	Suite, Apt. #, etc.			\$8.75 A tditional		
22	27		5. Certifcate of Status Desired	Fee Required		
City & State	City & State		Election Campaign Financing	\$5.00 thay Be		
23	28		Trust Fund Contribution	Added to Fees		
Zip Courtry	Zip	Country	This corporation owes the current year note	ngible		
24 25	29	30	Persor at Property Tax,	☐Yes ☐No		
9. Name and Address of Current	Registered Agent	·	10. Name and Address of New Registered A	lgent		
		81 Name		-		
Talib, Zubair		PO Steet Ace	Iress (P.O. Box Number is Not Acceptable)			
5100 WEST COPANS ROAD		82 Street Acd	ress (F.O. Dox Number is 140) Acceptable)	į (
SUITE 410		83				
MARGATE FL 33063						
		84 City	Fi	85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502	and 607 1508. Florida Statute	es the above-named con	poration submits this statement for the purpose of o	hanging its registered		
office or registered agent, or bo h, in the State of	Florida Such change was all	uthorized by the comors to	on's board of cirectors. I hereby accept the aproint	tment as registered		
agent, I am familiar with, and accept the obligat	ons of, Section 607.0505, Flox	rida Statutes.	or the section of the			
agent. I am familiar with, and accept the obligat	ions of, Section 607.0505, Fix	nda Statutes.				
agent, I am familiar with, and at cept the obligat SIGNATURE Signature, typed or printed na ne of registered agen	ons of, Section 607.0505, FIX ind trial applicable. (NOT:	Registered Agent stonature requir	ed when (enstating) DATE			
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of director of the corporation or the receiver or brustee empowered to execute this report as required by Chapte 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a light empowered.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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NAME

STREET ADDRESS

alib SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90171 009 ***150.00