

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90004 010 \*\*\*550.00

DOCUMENT # **P98000011151**

1. Corporation Name  
**THEGLOBE.COM, INC.**

Principal Place of Business  
**333 EAST LAS OLAS BLVD  
FT LAUDERDALE FL 33301**

Mailing Address  
**333 EAST LAS OLAS BLVD  
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/02/1998**

4. FEI Number

**14-1782422**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**31 W 21<sup>ST</sup> ST.**

2a. Mailing Address

**31 W 21<sup>ST</sup> ST.**

Suite, Apt. #, etc.

**4<sup>TH</sup> FLOOR**

Suite, Apt. #, etc.

**4<sup>TH</sup> FL.**

City & State

**NEW YORK, NY**

City & State

**NEW YORK, NY**

Zip

**10010**

Country

**USA**

Zip

**10010**

Country

**USA**

9. Name and Address of Current Registered Agent

**SMITH, DENNIS  
100 SE 6 STREET  
15 FLOOR  
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CHAIRMAN** ☐ Change ☒ Addition

1.2 NAME

**MICHAEL EGAN**

1.3 STREET ADDRESS

**333 EAST LAS OLAS BLVD**

1.4 CITY-ST-ZIP

**FT. LAUDERDALE FL. 33301-2259**

2.1 TITLE **CEO** ☐ Change ☒ Addition

2.2 NAME

**TOOD KRIEGLMAN**

2.3 STREET ADDRESS

**31 W 21<sup>ST</sup> ST 4<sup>TH</sup> FL.**

2.4 CITY-ST-ZIP

**NEW YORK, NY 10010**

3.1 TITLE **CO-CEO** ☐ Change ☒ Addition

3.2 NAME

**STEPHAN PATERNOT**

3.3 STREET ADDRESS

**31 W 21<sup>ST</sup> ST 4<sup>TH</sup> FL.**

3.4 CITY-ST-ZIP

**NEW YORK, NY 10010**

4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

4.2 NAME

**EDWARD CESPERDES**

4.3 STREET ADDRESS

**333 EAST LAS OLAS BLVD**

4.4 CITY-ST-ZIP

**FT. LAUDERDALE FL. 33301-2259**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

5.2 NAME

**ROSALIE ARTHUR**

5.3 STREET ADDRESS

**333 EAST LAS OLAS BLVD**

5.4 CITY-ST-ZIP

**FT. LAUDERDALE FL. 33301-2259**

6.1 TITLE **GPO** ☐ Change ☒ Addition

6.2 NAME

**FRANCIS JOYCE**

6.3 STREET ADDRESS

**31 W 21<sup>ST</sup> ST 4<sup>TH</sup> FL.**

6.4 CITY-ST-ZIP

**NEW YORK, NY 10010**

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

**Additional Officers and Directors**

571156-90004-70  
P98000011151

Title COO V  
Name Dean Daniels  
Street Address 31 West 21<sup>st</sup> St. 4<sup>th</sup> Fl.  
City-St-Zip New York, NY 10010

Title Director D  
Name Henry Duques  
Street Address 31 West 21<sup>st</sup> St. 4<sup>th</sup> Fl.  
City-St-Zip New York, NY 10010

Title Director D  
Name Robert Halperin  
Street Address 31 West 21<sup>st</sup> St. 4<sup>th</sup> Fl.  
City-St-Zip New York, NY 10010

Title Director D  
Name David Horowitz  
Street Address 31 West 21<sup>st</sup> St. 4<sup>th</sup> Fl.  
City-St-Zip New York, NY 10010

Title Director D  
Name Wayne Huizenga  
Street Address 333 East Las Olas Blvd  
City-St-Zip Ft. Lauderdale, Fl 33301-2259