

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000026677**1. Entity Name  
411NOW.COM, INC.**Principal Place of Business**10400 GRIFFIN RD  
STE 101  
COOPER CITY  
33328

FL

**Mailing Address**16329 NORTHWEST 8TH DRIVE  
PEMBROKE PINES  
33028

FL

**2. Principal Place of Business**  
1800 NW 69TH AVE.**3. Mailing Address**  
1800 NW 69TH AVE.Suite, Apt. #, etc.  
STE 201Suite, Apt. #, etc.  
STE 201City & State  
PLANTATION

FL

City & State  
PLANTATION

FL

Zip  
33313Country  
USZip  
33313

Country

4. FEI Number  
**65-0826169**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**BASS CATHY S  
16329 NORTHWEST 8TH DRIVEPEMBROKE PINES  
33028

FL

US

**7. Name and Address of New Registered Agent**

Name

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

City

FL

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 **CATHY S. BASS****04/30/2001**

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, 2001 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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
GLAZER MARC  
7620 MARBLEHEAD LANE  
POMPANO BEACH  
FL 33067 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
CUCCI PHIL  
7620 MARBLEHEAD CT  
PARKLAND  
FL 33067 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BASS CATHY  
16329 NW 8TH DR  
PEMBROKE PINES  
FL 3028 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
GLAZER MARC  
7310 DOVER CT  
PARKLAND  
FL 33067 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
CUCCI PHIL  
7620 MARBLEHEAD CT  
PARKLAND  
FL 33067 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: CATHY S. BASS**

VP

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)