SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90008 002 ***550.00

0100770

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # **P98000046385**

1. Corporation Name
DOMAIN NAME TRUST, INC.

Principal Place of Business	Mailing Address
26235 HICKORY BOULEVARD BONITA SPRINGS FL 34134	26235 HICKORY BOULEVARD BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1998

2. Principal Place of Business 1	2a. Mailing Address 26	4. FEI Number: 65-0842862	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 3	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 4 / Country 25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

GALLUP, DANA M
THE LAW OFFICE OF DAVID T. AZRIN, P.A.
44 WEST FLAGLER STREET - SUITE 2550
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: DANA M. GALLUP.
82 Street Address (P.O. Box Number is Not Acceptable): 2900 MIDDLE ST - #700
83
84 City: COCONUT GROVE FL 85 Zip Code: 33133

1. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	HARRIS, JOHN D	1.2 NAME	
REET ADDRESS	26235 HICKORY BOULEVARD	1.3 STREET ADDRESS	
Y-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP	
LE	☐ DELETE	2.1 TITLE	SECRETARY ☐ Change ☒ Addition
ME		2.2 NAME	DANA GALLUP
REET ADDRESS		2.3 STREET ADDRESS	2900 MIDDLE ST - #700
Y-ST-ZIP		2.4 CITY-ST-ZIP	COCONUT GROVE, FL, 33133
LE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
E	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
-ST-ZIP		4.4 CITY-ST-ZIP	
E	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
E		5.2 NAME	
ET ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
E	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
E		6.2 NAME	
ET ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

GNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #