## 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

## DOCUMENT #98000065449

1. Corporation Name

WEBSIGHT.CENTRAL INC.

**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90042 031 \*\*\*150.00

| Principal P ac                 | e of Business                               | Mailing Address   |                     |                    |  | 1 100110 01 110 16:00 10:10 06:11 60:11 06:10   | )!! <b>8: 8</b> :!!! <b>8:8</b> !! <b>8!8</b> !! | # 1#II J <b>#</b> #I       |     |
|--------------------------------|---|---|---------------------|--------------------|--|---|--|----------------------------|-----|
|                                | RIVE SUITE 6                                | 271 WEST PARK DRIVE SUITI<br>MIAMI FL 33172   | E 6                 |                    |  |   |  |                            |     |
|                                |   |   |                     |                    | _  | DO NOT WRITE IN   | THIS SPACE                                       |                            | 1   |
|                                |   |   |                     |                    | •  | Date Incorporated or Qualifed   |  |                            |     |
|                                |   |   |                     |                    |  | /27/1998  |  |                            |     |
| 2. Principal Place of Business |   | 2a. Mailing Address   | 2a. Mailing Address |                    | 4.   | 4. FEI Number   |  | pplied For                 |     |
| 21                             |   | 26  |                     |                    |  | 68-0857253  |  | lot Applicable             |     |
| Suite, Apt. #, etc.            |   | Suite, Apt. #, etc.   |                     |                    | 5.   | Certificate of Status Desired   | \$8.75 Additional Fee Required                   |                            |     |
| City & Etat                    | re e  | City & State  |                     |                    |  | Election Campaign Financing Trust Fund Contribution                                   | \$5.00 May Be<br>Added to Fees                   |                            |     |
| Zip                            | Country                                     | Zip   | Count               | Country            |  | This corporation owes the current year  | ar Intangible                                    |                            |     |
| 24                             | 25  | 29  | 30                  | 30                 |  | Personal Property Tax.  | Yes  | _` <b>X</b> No             |     |
| ,                              | g. Name and Address of C                    | urrent Registered Agent   |                     |                    | 10   | Name and Address of New Register  | red Agent  |                            | ļ   |
|                                |   |   | 8                   | 1 Name             | •  |   |  |                            |     |
| N.                             | luela, ana<br>Intrust international (       | ENTER   | 1                   | 2 Street           | Address (  | P.O. Box Number is Not Acceptable)  |  |                            |     |
| ONE SO                         | UTHEAST THIRD AVENUE                        |   | 8                   | 3                  |  |   |  |                            |     |
| MIAMI FI                       | L 33131                                     |   |                     | 4 City             |  |   | 85 Zip   | Code                       |     |
|                                |   |   | l                   |                    |  |   | FL   '   |                            |     |
| l office or a                  | registered agent or both in the             | 7.0502 and 607.1508, Florida Stat<br>State of Florida. Such change was<br>obligations of, Section 607.0505, F | s authorized t      | ov the corp        | d corporation s b                                | on submits this statement for the purpos<br>loard of directors. I hereby accept the a | se of changing it<br>ippointment as r            | is ⊧egistered<br>egistered |     |
| SIGNATURE                      | Signature, typed or printed name of registe | and aren' and title if applicable (NC   | TE: Registered A    | ent signature i    | red lired when                                   | reinstating) DA1  | E  |                            | ء ا |
| 12.                            |   | RS AND DIRECTORS  | 13.                 |                    |  | ADDITIONO/CHANCES TO OFFICER  | S AND DIRECT                                     | ORS IN 12                  | ع ا |
| TITLE ()                       | 3111021                                     | ☐ DELETE  |                     | 1.1 TITLE          |  | weet / Secretary  | Change   |                            | 1 2 |
|                                | SCULLUELA, ANA                              |   | 1.2 NAM             | E                  | 10.00  | with of a Ane   |  | •                          | 5   |
|                                | I WEST PARK DRIVE SUITE                     | 6   | 1.3 STR             | 1.3 STREET ADDRESS |  |   |  |                            | Ĺ   |
| 1                              | AMI FL 33172                                |   | 14 CITY             |                    |  |   |  |                            | ۶   |
| TITLE                          | 1111112                                     | ☐ DELETE  | 2.1 TITL            |                    | Viee   | -Pres. 20-15  | Change   | Addition                   | 2   |
| NAME                           | ļ   | _   | 22 NAM              | F                  | 3.00   | stel Antonio  |  |                            | ļ   |
| i                              | nnpt ss                                     |   |                     | 2.3 STREET ADDRESS |  | 171 W Park Drive, Suites  |  |                            |     |
| STREET ADDRESS                 |   |   | 2.4 CITY-ST-ZIP     |                    | Mia  | mi FL 33172   |  |                            |     |
| CITY-ST-ZIP<br>TITLE           |   | ☐ DELETE  | 3.1 TITL            |                    |  |   | ☐ Change   | Addition                   | 1   |
| NAME                           |   |   |                     | 3.2 NAME           |  | -   |  |                            |     |
| STREET ADDRESS                 |   |   |                     | EET ADDRESS        | 3  |   |  |                            |     |
| 1                              |   |   |                     | -ST-ZIP            |  |   |  |                            |     |
| CITY-ST-ZIP                    |   | ☐ DELETE  | 4 1 TITL            |                    | <del>                                     </del> |   | Change   | Addition                   | 1   |
| NAME                           |   |   | 4. 2 NA             |                    | Ì  |   |  |                            |     |
| STREET ADDRESS                 |   |   |                     | EET ADDRESS        | <u>,                                    </u>     |   |  |                            |     |
|                                |   |   |                     | -ST-ZIP            |  |   |  |                            |     |
| CITY-ST-ZIP<br>TITLE           |   | ☐ DELETE  | 5.1 TITL            |                    |  |   | ☐ Change   | Addition                   | 1   |
| NAME                           |   |   |                     | 5.2 NAME           |  |   |  |                            |     |
|                                |   |   |                     | EET ADDRESS        | 3  |   |  |                            |     |
| STREET ADDRESS                 | 1   |   |                     | -ST-ZIP            |  |   |  |                            |     |
| CITY-ST-ZIP                    | <del></del>                                 | DELETE  | 6.1 TITL            |                    | +  |   | ☐ Change   | Addition                   | 1   |
| İ                              |   |   | 6.2 NAM             |                    |  |   | •  |                            |     |
| NAME                           |   |   |                     | -<br>Eet address   | 3  |   |  |                            |     |
| STREET ADDRESS                 | i   |   | 0.00110             |                    |  |   |  |                            |     |

14. I heret y certify that the informa ion supplied with this filing does not qualify for the exemption stated in Section 119.0; (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 change; or on an attactment with an address, with all other like empowered.

SIGNATURE: \_

SIGNAT JRE AND THE OF SIGNING OFFICER OR DIRECTOR DESCRIPTION

4-22-99

Daytime Phone #