APR-29-2004 12:13 DARYL CRAMER AND ASSOC.

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 04, 2004 8:00 am**
**Secretary of State**
05-04-2004 90146 043 ***158.75

DOCUMENT # P98000082442

1. Entity Name
BARPOINT.COM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 800 CORPORATE DRIVE<br>SUITE 600<br>FORT LAUDERDALE, FL 33334 | 800 CORPORATE DRIVE<br>SUITE 600<br>FORT LAUDERDALE, FL 33334 |

03192004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3100 Five Forks Trickum Rd. SW | 3100 Five Forks Trickum Rd. SW |
| Suite, Apt. #, etc.: Suite 401 | Suite, Apt. #, etc.: Suite 401 |
| City & State: Lilburn, GA | City & State: Lilburn, GA |
| Zip: 30047 Country: USA | Zip: 30047 Country: USA |

4. FEI Number: 65-0856753 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAHN, LORRAINE F
C/O SOLOMON & BENEDICT
400 N ASHLEY ST., #3000
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: Daryl Cramer & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable): 3801 PGA Boulevard, Suite 508
City: Palm Beach Gardens FL Zip Code: 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Daryl Cramer & Associates, P.A. By: [signature] 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROTHSCHILD, LEIGH<br>800 CORPORATE DR., STE 600<br>FORT LAUDERDALE, FL 33334 | ☒ Delete | D,S<br>Avalone, Stephen<br>3100 Five Forks Trickum Rd SW, #401<br>Lilburn, Georgia 30047 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SASS, JEFFREY<br>800 CORPORATE DR., STE. 600<br>FORT LAUDERDALE, FL 33334 | ☒ Delete | D,P,T<br>Robinson, Paul<br>3100 Five Forks Trickum Rd. SW, #401<br>Lilburn, GA 30047 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LINN, JAY<br>800 CORPORATE DRIVE, STE. 600<br>FORT LAUDERDALE, FL 33334 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MACATEE, JOHN<br>800 CORPORATE DRIVE, STE 600<br>FORT LAUDERDALE, FL 33334 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SASS, DAVID<br>800 CORPORATE DRIVE, STE 600<br>FORT LAUDERDALE, FL 33334 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SALLEE, MARGUERITE<br>800 CORPORATE DRIVE, STE. 600<br>FORT LAUDERDALE, FL 33334 | ☒ Delete | | ☐ Change ☐ Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Paul Robinson 4/29/04 (770) 736-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #