## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000102754 Apr 10, 2000 8:00 am Secretary of State GOLDEN INTERNET E-COMMERCE, INC. 04-10-2000 90078 019 \*\*\*150.00 Mailing Address Principal Place of Business 2401 E. ATLANTIC BLVD. #300 2401 E. ATLANTIC BLVD. #300 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-5243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0880185 Not Applicable Zip Country Country \$8.75 Additional 5.- Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BIDDISCOMBE, SEAN Street Address (P.O. Box Number is Not Acceptable) 2401 E. ATLANTIC BLVD. #300 POMPANO BEACH FL 33062 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition President, ☐ Delete TITLE NAME DECKER, DAVID STREET ADDRESS STREET ADDRESS 2401 E. ATLANTIC BLVD. #300 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 Addition ☐ Delete TITLE TITLE NAME NAME BIDDISCOMBE, SEAN STREET ADDRESS STREET ADDRESS 2401 E. ATLANTIC BLVD. #300 CITY-ST-ZIE CITY-ST-ZIP POMPANO BEACH FL 33062 Addition TITLE ☐ Delete TITLE NAME NAME **NELSON, TODD** O STREET ADDRESS STREET ADDRESS 15700 W. 6TH AVENUE CITY-ST-ZIP CITY-ST-ZIP GOLDEN CO 80401 V.P , D ☐ Addition ☐ Delete TITLE NAME NAME STULL, TAYLOR STREET ADDRESS STREET ADDRESS 15700 W. 6TH AVENUE CITY-ST-7IP CITY-ST-ZIP GOLDEN CO 80401 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR