

# 2001 UNIFORM BUSINESS REPORT (UBR)

0166790

DOCUMENT # P98000104355

1. Entity Name  
LEGACY SOFTWARE ACQUISITION, INC.

FILED

01 APR -5 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3550 BISCAYNE BLVD.  
SUITE 706  
MIAMI FL 33137

Mailing Address

3550 BISCAYNE BLVD.  
SUITE 706  
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**  
74-2770465

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A Z REGISTERED AGENT CORPORATION  
2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

Name **CLINTON SNYDER**

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

40 TALK VISION COM

3550 Biscayne Blvd #706

City

Miami

FL

Zip Code  
33137

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  Signature, typed or printed name of registered agent and title if applicable.

CLINTON SNYDER

3/23/01

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCH** ☐ Delete  
NAME **ZWEBNER, MICHAEL**  
STREET ADDRESS **3550 BISCAYNE BLVD., SUITE 706**  
CITY-ST-ZIP **MIAMI FL 33137**

☐ Change ☐ Addition  
**700004036537-4**  
**-04/20/01--01102--015**  
**\*\*\*\*917.50 \*\*\*\*158.75**

TITLE **DP** ☐ Delete  
NAME **ROSOV, EUGENE**  
STREET ADDRESS **3550 BISCAYNE BLVD., SUITE 706**  
CITY-ST-ZIP **MIAMI FL 33137**

☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **WALKER, ALEXANDER JR**  
STREET ADDRESS **3550 BISCAYNE BLVD., SUITE 706**  
CITY-ST-ZIP **MIAMI FL 33137**

☐ Change ☐ Addition

TITLE **D** ☒ Delete  
NAME **CUZNER-CHARLES, MICHAEL**  
STREET ADDRESS **3550 BISCAYNE BLVD., SUITE 706**  
CITY-ST-ZIP **MIAMI FL 33137**

☐ Change ☐ Addition

TITLE **SCFO** ☐ Delete  
NAME **SNYDER, CLINT H**  
STREET ADDRESS **3550 BISCAYNE BLVD., SUITE 706**  
CITY-ST-ZIP **MIAMI FL 33137**

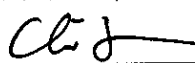
☒ Change ☐ Addition  
**DINOSTON, SECRETARY, CFO**  
**SNYDER, CLINTON H.**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
**SP**

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:



CLINTON SNYDER, SECRETARY 3/23/01

305-512-0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)