

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 14, 2000 8:00 am  
Secretary of State  
04-14-2000 90129 049 \*\*\*150.00

DOCUMENT # P9900004671  
Entity Name  
DSynternet Online, Inc.

Principal Place of Business Mailing Address

Principal Place of Business 5786 wiles RD.  
Suite, Apt. #, etc. PMB 116  
City & State Coral Springs, FL  
Zip 33067 Country USA  
3. Mailing Address 5786 wiles RD  
Suite, Apt. #, etc. PMB 116  
City & State Coral Springs, FL  
Zip 33067 Country USA

C0061802

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Dinyero Milligan  
5132 Heron Place  
Coconut Creek, FL 33073

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O.-Box Number is Not Acceptable)  
City FL Zip Code

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 (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) X  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Dinyero Milligan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/8/00  
Daytime Phone #: 954-520-9585

CR2E034 (9/99)