

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000019387

1. Entity Name
WEBSKIES, INC.

Principal Place of Business
 250 GALEN DRIVE
 SUITE 21
 KEY BISCAZYNE FL 33149 US

Mailing Address
 250 GALEN DRIVE
 SUITE 21
 KEY BISCAZYNE FL 33149 US

2. Principal Place of Business
 50 OCEAN LANE DRIVE

3. Mailing Address
 50 OCEAN LANE DRIVE

Suite, Apt. #, etc.
 SUITE 302

Suite, Apt. #, etc.
 SUITE 302

City & State
 KEY BISCAZYNE FL

City & State
 KEY BISCAZYNE FL

Zip Country
 33149 US

Zip Country
 33149 US

4. FEI Number Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STICKEL DIDIER J
 250 GALEN DRIVE
 SUITE 21
 KEY BISCAZYNE FL 33149

Name
STICKEL DIDIER J
 Street Address (P.O. Box Number is Not Acceptable)
 50 OCEAN LANE DRIVE
 SUITE 302
 City
 KEY BISCAZYNE FL Zip Code
 33149

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 **DIDIER JACQUES STICKEL**

04/30/2001

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)

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 MR Delete
 NAME STICKEL DIDIER J
 STREET ADDRESS 250 GALEN DR #21
 CITY-ST-ZIP KEY BISCAZYNE FL 33149

TITLE MR Change Addition
 NAME STICKEL DIDIER J
 STREET ADDRESS 50 OCEAN LANE DRIVE, SUITE 302
 CITY-ST-ZIP KEY BISCAZYNE FL 33149

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: **DIDIER JACQUES STICKEL**

MR 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)