FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-31-2003 90309 032 ***150.00 DOCUMENT # 1. Entity Name SOUTHEAST WEB, INC. 10052369 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 7522 WILES RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #210 City & State
CORAL SPRINGS, FL City & State 4. FEI Number Applied For 65-0908952 Not Applicable Zip 33067 Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Name STEVEN C. KLEIN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 7522 WILES RD # 210 City CORAL SPRINGS 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. Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CRZE034B (12/02) STEVEN C. KLEIN TITLE .NAME . . . NAME 7522 WILES RD # 210 STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33067 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-7tP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-21.03

954 3453696

FILED
Mar 31, 2003 8:00 am
Secretary of State