

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90767 031 \*\*\*150.00

DOCUMENT # **P99000031285**

1. Entity Name  
**I SITES, INC.**



Principal Place of Business  
**1021 IVES DAIRY RD  
BLDG 3. STE 117  
MIAMI FL 33179**

Mailing Address  
**1021 IVES DAIRY RD  
BLDG 3. STE 117  
MIAMI FL 33179**



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |                                                                                                 |                |
|--------------------------------|---------|---------------------|---------|-------------------------------------------------------------------------------------------------|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0929565</b>                                                                 | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |                                                                                                 | Not Applicable |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                |
| Zip                            | Country | Zip                 | Country |                                                                                                 |                |

|                                                                                                        |  |                                                                                                                                                                           |  |
|--------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                                                        |  | 7. Name and Address of New Registered Agent                                                                                                                               |  |
| <b>DIVERSIFIED BUSINESS CONCEPTS, INC.<br/>3000 UNIVERSITY DR<br/>STE 1<br/>CORAL SPRINGS FL 33065</b> |  | Name <b>STEWART JESWINE</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>20403 State Rd 7 Ste 6209</b><br>City <b> Boca Raton </b> FL Zip Code <b> 33498 </b> |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                    |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>KAPLAN, JAN<br/>9690 W SAMPLE RD., SUITE 203<br/>CORAL SPRINGS FL 33065</b> <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>BRIAN CONEN<br/>1021 IVES DAIRY RD STE 117<br/>MIAMI, FL 33179</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DST<br/>PANGBURN, GREGORY A<br/>9690 W SAMPLE RD., SUITE 203<br/>CORAL SPRINGS FL 33065</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)