

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90033 013 ***550.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038208

1. Entity Name
 The Internet Settlement Corporation

Principal Place of Business Mailing Address
 21 S.W. 15th Rd.
 Miami, FL 33162

2. Principal Place of Business 3. Mailing Address
 625 The City Drive 625 The City Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #100 #100

City & State City & State
 Orange, CA Orange, CA

Zip Country Zip Country
 92868 USA 92868 USA

4. FEI Number Applied For
 65-0928194 Not Applicable

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

00060722

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Bertil Petersson
 21 S.W. 15th Rd.
 Miami, FL 33162

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

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, 2000 Fee will be \$350.00
 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	
TITLE D NAME Mitchell Fillet STREET ADDRESS 156 Mariners Way CITY - ST - ZIP Fairfield, CN 06430	<input checked="" type="checkbox"/> Delete
TITLE D NAME Bertil I. Petersson STREET ADDRESS 21 S.W. 15 th Rd. CITY - ST - ZIP Miami, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D NAME Edward E Schmidt STREET ADDRESS 5544 Turnberry Dr. CITY - ST - ZIP Westerville, OH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE C/D NAME Bertil I. Petersson STREET ADDRESS 21 S.W. 15 th Rd. CITY - ST - ZIP Miami, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T/D NAME Filipinas Eppie Canning STREET ADDRESS #939-200 Promontory Dr. W. CITY - ST - ZIP Newport Beach, CA 92660	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME Susan Marie Tessman STREET ADDRESS 1542 Valencia CITY - ST - ZIP Newport Beach, CA 92660	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Peter Lawrence Snell STREET ADDRESS 1319 Joseph Dr. CITY - ST - ZIP Moraga, CA 94556	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Robert L. Seale STREET ADDRESS 1770 N. Green Valley Parkway Apt. 4123 CITY - ST - ZIP Henderson, NV 89014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: S Tessman Date: May 25/00 Daytime Phone #: (714) 221-5106
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)