

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065570

1. Entity Name

INTERNET STRATEGY GROUP INC. E-BRAINSTORM, INC

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90033 038 \*\*\*158.75

Principal Place of Business

Mailing Address

1250 EAST HALLANDALE BEACH BLVD.  
SUITE #306  
HALLANDALE FL 33009

1250 EAST HALLANDALE BEACH BLVD.  
SUITE #306  
HALLANDALE FL 33009-4644

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3588467

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

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) ☒

**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: DIRECTOR, PRESIDENT + SECY ☐ Delete  
NAME: AMY SEMEL  
STREET ADDRESS: 505 PARK AVENUE  
CITY-ST-ZIP: NEW YORK, NY 10022

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

TITLE: CHIEF FINANCIAL OFFICER ☐ Delete  
NAME: ESTHER PEREZ  
STREET ADDRESS: 4027 NE 194 TRAIL  
CITY-ST-ZIP: SUNNY ISLES FLORIDA 33180

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

TITLE: ASSISTANT SECRETARY ☐ Delete  
NAME: DAVID LEIBMAN  
STREET ADDRESS: 505 PARK AVE  
CITY-ST-ZIP: NEW YORK, NY 10022

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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:

SIGNATURE: DAVID LEIBMAN, Assistant Secy. APR 127, 00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212-755-5510

CR2E034 (9/99)