## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 04, 2000 8:00 am Secretary of State DOCÚMENT # P99000066933 CROWN INTERNET GROWTH FUND, INC. 05-04-2000 90126 040 \*\*\*150.00 Principal Place of Business Mailing Address 4400 PGA BLVD.,STE.505 4400 PGA BLVD..STE.505 PALM BEACH GARDENS FL 33410-6558 PALM BEACH GARDENS FL 33410 950112 2. Principal Place of Business 3. Mailing Address 2000 PGA Blvd 2000 PGA Blvd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 4410 Suite 4410 City & State Applied For 4. FEI Number Not Applicable Palm Beach Palm Beach, \$8.75 Additional 5. Certificate of Status Desired П Fee Required 33408-2738 33408-2738 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HACKNEY, ROBERT C ESQ. Street Address (P.O. Box Number is Not Acceptable) 4400 PGA BLVD.:STE.505 2000 PGA BLvd., Suite 4410 PALM BEACH GARDENS FL 33410 \$3408-2738 N. Palm Beach, FL Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Delete TITLE TITLE MILLER, DONALD W NAME NAME 2000 PGA Blvd., Suite 4410 N. Palm Beach, FL 33408-2738 STREET ADDRESS 4400 PGA BLVD.;STE.505 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410-Delete TITLE TITLE HACKNEY, ROBERT C NAME NAME STREET ADDRESS 2000 PGA Blvd., Suite 4410 STREET ADDRESS 4400 PGA BLVD., STE. 505 CITY-ST-7IP N. Palm Beach, FL 33408-2738 CITY-ST-ZIP PALM-BEACH GARDENS FL 33410 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 distee 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. 4/28/00

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-<del>C .</del>

<del>Robert</del>

Daytime Phone #

561-627-0677