


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90147 014 ***550.00

DOCUMENT # <u>P99000090591</u>	
1. Entity Name <u>Boca Internet, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>225 Mizner Blvd</u>		3. Mailing Address <u>225 Mizner Blvd</u>	
Suite, Apt. #, etc. <u>Suite 300</u>		Suite, Apt. #, etc. <u>Suite 300</u>	
City & State <u>Boca Raton, FL</u>		City & State <u>Boca Raton FL</u>	
Zip <u>33432</u>	Country <u>USA</u>	Zip <u>33432</u>	Country <u>USA</u>

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DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-0970509</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>Joshua Lax</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>225 Mizner Blvd.</u>			
City <u>Boca Raton</u>			FL Zip Code <u>33432</u>

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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>6-1-03</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Lax, Joshua</u> <u>6763 Bridlewood Ct.</u> <u>Boca Raton, FL 33433</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Blackman, Lawrence</u> <u>19571 Havensway Ct.</u> <u>Boca Raton, FL 33498</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 on an attachment with an address, with all other like empowered.

SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>6-1-03</u> <small>Date</small>	Daytime Phone # <u>561-417-9797</u> <small>Daytime Phone #</small>
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CR2E034B (12/02)