UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 18, 2000 8:00 am
Secretary of State

04-25-2000 90002 039 ***150.00

DOCUMENT # P99000097017

1. Entity Name
INTERNET CAPITAL HOLDINGS, INC.

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
224 DATURA STREET	224 DATURA STREET
Suite Apt. #, etc. #900	Suite Apt. #, etc. #900
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33401 / Country USA	Zip 33401 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0960873 — 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
PETER J. BUZANIS	Name
409 35TH STREET	Street Address (P.O. Box Number is Not Acceptable)
WEST PALM BEACH, FL 33407	
	City FL Zip Code

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] DATE: 5-11-2000

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

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE CHIEF EXECUTIVE OFFICER ☐ Delete	TITLE ☐ Change ☐ Addition
NAME Peter J. Buzanis	NAME
STREET ADDRESS 409 35TH STREET	STREET ADDRESS
CITY-ST-ZIP West Palm Beach, FL 33407	CITY-ST-ZIP
TITLE PRESIDENT ☐ Delete	TITLE ☐ Change ☐ Addition
NAME William E. Griffis	NAME
STREET ADDRESS 112 Princewood Lane	STREET ADDRESS
CITY-ST-ZIP Palm Beach Gardens, FL 33410	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

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: William E. Griffis [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2000 — Date

561-837-8088 — Daytime Phone #