

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90051 045 ***550.00

DOCUMENT # P99000098236

1. Entity Name
BRAINBUZZ.COM ACQUISITIONS, INC.

Principal Place of Business

**5445 W CYPRESS STREET
 SUITE 200
 TAMPA FL 33607**

Mailing Address

**5445 W CYPRESS STREET
 SUITE 200
 TAMPA FL 33607**

2. Principal Place of Business

**1901 Ulmerton Rd
 Suite 750
 Clearwater FL**

3. Mailing Address

**1901 Ulmerton Rd
 Suite 750
 Clearwater FL**

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33762

Country

USA

Zip

33762

Country

USA

4. FEI Number **59-3612638**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DOYLE, DAN
 5445 W CYPRESS STREET
 SUITE 300
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1901 Ulmerton Rd
 Suite 750
 Clearwater FL**

City

Clearwater

FL

Zip Code

33762

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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** ☐ Delete
 NAME **DOYLE, DAN**
 STREET ADDRESS **5445 W CYPRESS STREET, SUITE 300**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** ☐ Delete
 NAME **WALLACE, THOMAS E**
 STREET ADDRESS **5445 W CYPRESS STREET, SUITE 300**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1901 Ulmerton Rd, Suite 750**
 CITY-ST-ZIP **Clearwater FL 33762**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1901 Ulmerton Rd, Suite 750**
 CITY-ST-ZIP **Clearwater, FL 33762**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **JEFF D'ADAMO**
 CITY-ST-ZIP **1901 Ulmerton Rd, Clearwater, FL 33762**

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

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

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

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:

Dan Doyle - Chairman

8-21-02

(727) 456-1320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)