AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 11 AM 9:56

DOCUMENT # S35451

1. Entity Name
J.P. WEBB CORPORATION

Principal Place of Business	Mailing Address
C/O KAON INTERACTIVE 122 CREATIVE STATION ELIZABETHTON, TN 37643	C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
122 CREATIVE STATION Suite, Apt. #, etc.	1200 SOUTH PINE ISLAND Rd. Suite, Apt. #, etc.
City & State: ELIZABETHTON, TN	City & State: PLANTATION, FL
Zip: 37643 Country: USA	Zip: 33324 Country: USA

4. FEI Number 65-0250851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, WENDY M.
7140 S.W. 16TH ST.
PEMBROKE PINES, FL 33023

7. Name and Address of New Registered Agent

Name CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
City PLANTATION FL Zip Code 33324

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 _____ Mark Hennessey, Assistant Secretary 7/6/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MERRITT, LYN 4555 STATE ROAD 524 COCOA, FL 32926	☑ Delete	P, S, T, D RICHARD G. SILTON C/O KAON INTERACTIVE INC., 125 CAMBRIDGE PARK DRIVE CAMBRIDGE, MA 02140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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CR2E034 (11/00)

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: _____ 7-5-01 617-856-5266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #