

\* AMENDED \*

2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 JUL 11 AM 9:56

DOCUMENT # **535451**  
1. Entity Name  
**J.P. WEBB CORPORATION**

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

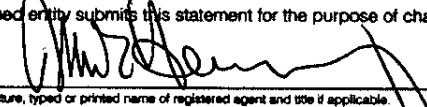
2. Principal Place of Business      3. Mailing Address  
**122 CREATIVE STATION**      **1200 SOUTH PINE ISLAND RD.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**ELIZABETHTON, TN**      **PLANTATION, FL**  
Zip      Country      Zip      Country  
**37643**      **USA**      **33324**      **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  
(NOTE: Registered Agent signature required when reinstating)  
DATE **7/6/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS

|                                                |                                                                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MERRITT, LYN</b><br><b>4555 STATE ROAD 524</b><br><b>COLOA, FL 32926</b><br><input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                           |

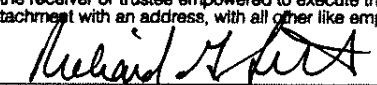
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                                                                                                                                                        |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P.S.T.D.</b><br><b>RICHARD G. SIKON</b><br><b>C/O KRON INTERACTIVE INC., 125 CAMBRIDGE PARK DRIVE</b><br><b>CAMBRIDGE, MA 02140</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                      |

**900004494239**  
**07/24/01-01095-004**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

**SP**

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:  **7-5-01 617-878-5266**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)