

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90047 006 ***150.00

DOCUMENT # P98000105625

1. Entity Name

1 GLOBAL CITY.COM, INC.

Principal Place of Business

Mailing Address

**1901-17 WEST BAY DR..STE.238
 LARGO FL 33770**

**1901-17, WEST BAY DR..STE.238
 LARGO FL 33770**

2. Principal Place of Business

2210 TALL PINES DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, MORRIS L	
STREET ADDRESS	1901-17 WEST BAY DR. #238	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALLETT, RON L	
STREET ADDRESS	1901-17 WEST BAY DR. #238	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, KARI	
STREET ADDRESS	1907-17 WEST BAY DR. #238	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOCKE, STEVEN N	
STREET ADDRESS	1901-17 WEST BAY DR. #238	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, STUART J	
STREET ADDRESS	1901-17 WEST BAY DR. #238	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	Neil Winter	<input type="checkbox"/> Delete
NAME	1901-17 West Bay DR #238	
STREET ADDRESS	LARGO, FL 33770	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive vice president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chief operating officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP Investor Relations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	president, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 information empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-00

Date

(727) 536-3854

Daytime Phone #

CR2E034 (9/99)