## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K36262

City-St-Zip:

Entity Name: RBID.COM, INC.

FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 895 DOVE STREET THIRD FLOOR NEWPORT, CA 92660 US **New Mailing Address: Current Mailing Address:** 895 DOVE STREET THIRD FLOOR NEWPORT, CA 92660 US FEI Number: 33-0857311 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZUROMSKI, PAUL 220 CHANTILLY TERRACE OVIEDO, FL 32765 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition ROTHMAN, ALAN ROTHMAN, ALAN Name: Name: 895 DOVE STREET, SUITE 300 895 DOVE STREET, SUITE 300 Address: Address: City-St-Zip: NEWPORT BEACH, CA 92330 US City-St-Zip: NEWPORT BEACH, CA 92660 US Title: VΡ Title: VΡ (X) Change ( ) Addition () Delete Name: HOWE, MAIREAD M Name: HOWE, MAIREAD M 895 DOVE STREET, SUITE 300 895 DOVE STREET, SUITE 300 Address: Address: NEWPORT BEACH, CA 92330 US NEWPORT BEACH, CA 92660 US City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete

HOWE, DAVID G HOWE, DAVID G Name: Name:

895 DOVE STREET, SUITE 300 895 DOVE STREET, SUITE 300 Address: Address: City-St-Zip: NEWPORT BEACH, CA 92330 US City-St-Zip: NEWPORT BEACH, CA 92660 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: MAIREAD HOWE 04/22/2009