

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K36262

Entity Name: RBID.COM, INC.

FILED  
Mar 14, 2011  
Secretary of State

**Current Principal Place of Business:**

895 DOVE STREET, SUITE 300  
THIRD FLOOR  
NEWPORT, CA 92660 US

**New Principal Place of Business:**

**Current Mailing Address:**

895 DOVE STREET, SUITE 300  
THIRD FLOOR  
NEWPORT, CA 92660 US

**New Mailing Address:**

FEI Number: 33-0857311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ZUROMSKI, PAUL  
220 CHANTILLY TERRACE  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROTHMAN, ALAN  
Address: 895 DOVE STREET, SUITE 300  
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: VP  
Name: HOWE, MAIREAD M  
Address: 895 DOVE STREET, SUITE 300  
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: T  
Name: HOWE, DAVID G  
Address: 895 DOVE STREET, SUITE 300  
City-St-Zip: NEWPORT BEACH, CA 92660 US

I hereby 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 all other like empowered.

SIGNATURE: MAIREAD M. HOWE

VP

03/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date