

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90149 010 ***550.00

DOCUMENT # F97000003369

1. Entity Name
THEMESCAPES, INC.

Principal Place of Business Mailing Address
864 TERRACE COURT 864 TERRACE COURT
ST. PAUL MN 55101 ST. PAUL MN 55101

RUU7J4J1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 41-1874394		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name _____			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVSIK, PETER A			NAME			
STREET ADDRESS	864 TERRACE COURT			STREET ADDRESS			
CITY-ST-ZIP	ST. PAUL MN 55101			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, JERRY S			NAME			
STREET ADDRESS	1798 HARTFORD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST PAUL MN 55116			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NASVIK, MARGARET E			NAME			
STREET ADDRESS	5526 FENWAY COURT			STREET ADDRESS			
CITY-ST-ZIP	WHITE BEAR TOWNSHIP MN 55110			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, LEONARD W			NAME			
STREET ADDRESS	864 TERRACE COURT			STREET ADDRESS			
CITY-ST-ZIP	ST PAUL MN 55101			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, TONY D			NAME			
STREET ADDRESS	864 TERRACE COURT			STREET ADDRESS			
CITY-ST-ZIP	ST PAUL MN 55101			CITY-ST-ZIP			
TITLE	VC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, JERRY S			NAME			
STREET ADDRESS	864 TERRACE COURT			STREET ADDRESS			
CITY-ST-ZIP	ST PAUL MN 55101			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 like empowered.

SIGNATURE: JERRY S. ANDERSON 9-13-00 651-778-1784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)