

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90003 019 \*\*\*150.00

**DOCUMENT # F98000004771**

1. Entity Name

**NEWSMAX.COM, INC.**

Principal Place of Business

Mailing Address

~~224 DATURA ST.  
 #412  
 WEST PALM BEACH FL 33401~~

P.O. BOX 20989  
 WEST PALM BEACH FL 33416-0989

2. Principal Place of Business

**560 Village Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 270**

City & State

City & State

**West Palm Beach**

Zip

Country

Zip

Country

**33409**

~~USA~~



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0855199**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.  
 1221 BRICKELL AVE., STE 900  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **JONATHAN L. SHEPARD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Siegel, Lipman, Dunay & Shepard**  
**3355 Town Center Road - Suite 801**  
 City **Boca Raton** State **FL** Zip Code **33486**

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 *Jonathan L. Shepard* 1-26-00 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.   
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>RUDDY, CHRISTOPHER W</b>	
STREET ADDRESS	<b>1655 BRANDYWINE ROAD, #8114</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	CD	<input type="checkbox"/> Delete
NAME	<b>ALLEN, DANA</b>	
STREET ADDRESS	<b>433 AIRPORT BLVD., STE 414</b>	
CITY-ST-ZIP	<b>BURLINGAME CA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael Ruff</b>	
STREET ADDRESS	<b>8144 Walnut Hill, #172</b>	
CITY-ST-ZIP	<b>Dallas, TX 75231</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Arnaud de Borchgrave</b>	
STREET ADDRESS	<b>2801 New Mexico Ave NW</b>	
CITY-ST-ZIP	<b>Washington, D.C. 20007</b>	
TITLE	S-T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Alvin A. Hirsch</b>	
STREET ADDRESS	<b>560 Village Blvd.</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James Davidson</b>	
STREET ADDRESS	<b>209 South Lea</b>	
CITY-ST-ZIP	<b>Alexandria, VA 22314</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas Moorer</b>	
STREET ADDRESS	<b>9707 Georgetown Rd</b>	
CITY-ST-ZIP	<b>Bethesda, MD 20814</b>	
TITLE		<input type="checkbox"/> Change <input 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 like empowered.

SIGNATURE: *Alvin A. Hirsch* 1/25/00 561-686-1165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #