

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90069 040 \*\*\*150.00

036 568 AV

**DOCUMENT # F98000004771**  
 1. Entity Name  
**NEWSMAX MEDIA, INC.**

Principal Place of Business      Mailing Address  
**560 VILLAGE BLVD**      **P.O. BOX 20989**  
**STE 270**      **WEST PALM BEACH FL 33416**  
**WEST PALM BEACH FL 33409**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0855199**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**SHEPARD, JONATHAN L**  
**SIEGAL, LIPMAN, DUNNY & SHEPARD**  
**5355 TOWN CENTER RD STE 801**  
**BOCA RATON FL 33486**

**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 \_\_\_\_\_ 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>RUDDY, CHRISTOPHER W</b> <b>1655 BRANDYWINE ROAD, #8114</b> <b>WEST PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>WILLIAM, RGES-MOGG</b> <b>17 PALL MALS</b> <b>LONDON EN SW1-Y5NB</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUFF, MICHAEL</b> <b>8144 WALNUT HILL #172</b> <b>DALLAS TX 75231</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE BORCHGRAVE, ARNAUD</b> <b>2801 NEW MEXICO AVE NW</b> <b>WASHINGTON DC 20007</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HIRSCH, ALVIN A</b> <b>560 VILLAGE BLVD</b> <b>WEST PALM BEACH FL 33409</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIDSON, JAMES</b> <b>209 SOUTH LEE</b> <b>ALEXANDRIA VA 22314</b>	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>Lonic, Bruce R.</b> <b>560 Village Blvd.</b> <b>West Palm Beach, FL 33409</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Bruce R. Lonic      4/4/02      561-686-1165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CFR2E034 (9/01)