

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27212

1. Entity Name

ARTSERVE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90163 035 ****61.25

Principal Place of Business 1350 E SUNRISE BLVD. SUITE 100 FT. LAUDERDALE FL 33304 US	Mailing Address 1350 E SUNRISE BLVD. SUITE 100 FT. LAUDERDALE FL 33304-2815 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0058919		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent HARDIN, MS KENDALL 1350 E SUNRISE BLD 100 FT LAUD FL 33304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREMILLION, ANN			NAME			
STREET ADDRESS	200 S. VICTORIA PARK RD			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARVER, MICHAEL			NAME			
STREET ADDRESS	1080 W. TROPICAL WAY			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENSTON, RANDALL			NAME			
STREET ADDRESS	5130 NE 29 AVE			STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			CITY-ST-ZIP			
TITLE	ED	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDIN, KENDALL			NAME			
STREET ADDRESS	1350 E SUNRISE BLVD., SUITE 100			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33305			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF KENDALL HARDIN 03/23/00 954-462-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)