

2001 UNIFORM BUSINESS REPORT (UBR)

4/2:

FILED
May 21, 2001 8:00 am
Secretary of State

04-25-2001 90131 036 ****61.25

DOCUMENT # N27212

1. Entity Name

ARTSERVE, INC.

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
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0058919**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 **Cindy Stoddart**
 Street Address (P.O. Box Number is Not Acceptable)
1350 E Sunrise Blvd.
100
 City **Ft. Lauderdale** FL Zip Code **33304**

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 *Cynthia Stoddart* DATE **5/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	SD	<input type="checkbox"/> Delete
NAME	GREMILLION, ANN	
STREET ADDRESS	200 S. VICTORIA PARK RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FARVER, MICHAEL	
STREET ADDRESS	1080 W. TROPICAL WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BENSTON, RANDALL	
STREET ADDRESS	5130 NE 29 AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	HARDIN, KENDALL	
STREET ADDRESS	1350 E SUNRISE BLVD., SUITE 100	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Mail Kaplan	
STREET ADDRESS	5100 W. Commercial Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Jarett Levan	
STREET ADDRESS	4150 SW 28th way	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Stoddart	
STREET ADDRESS	1350 E. Sunrise Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mail Kaplan	
STREET ADDRESS	5100 W. Commercial Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33319	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jarett Levan	
STREET ADDRESS	4150 SW 28th way	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowers.

SIGNATURE *Cynthia Stoddart* DATE **4/13/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)