

* AMENDED *

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061203

1. Entity Name

311 DIRECT, INC.

Principal Place of Business Mailing Address
7708 CASTOR AVENUE 7708 CASTOR AVENUE
PHILADELPHIA, PA 19152 PHILADELPHIA, PA 19152

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 28 AM 8:04

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
62-1576041 Not Applicable

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

6. Name and Address of Current Registered Agent
COHEN, FRED
2716 NE 8TH STREET
SUITE 710 NORTH
HALLANDALE, FL 33009

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 [Signature] DATE 6/28/01
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, 2001 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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY - ST - ZIP. Row 1: PRESIDENT GREENSTEIN, ROBERT, 3660 SPRING RUN ROAD, HUNTINGDON VALLEY, PA 19006.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY - ST - ZIP. Row 1: 300004467563, -07/10/01--01059--009, *****61.25 *****61.25.

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)