

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90025 025 ***150.00

DOCUMENT # P98000069185

1. Entity Name

SHOP AT HOME PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

C/O ROZENCWAIG & GRANOFF
 ONE SE 3RD AVE STE 960
 MIAMI FL 33131

C/O ROZENCWAIG & GRANOFF
 ONE SE 3RD AVE STE 960
 MIAMI FL 33131-1710

2. Principal Place of Business

3. Mailing Address

5415 N.W. 24th St
 Suite, Apt. #, etc.
 Ste 112

5415 N.W. 24th St
 Suite, Apt. #, etc.
 Ste 112

City & State

City & State

Margate Fla

Margate Fla

Zip
 33063

Country

Zip
 33063

Country
 USA

4. FEI Number

65-0857494

Applied For

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

7. Name and Address of New Registered Agent

ROZENCWAIG, LESLIE A
 C/O ROZENCWAIG & GRANOFF
 ONE SE 3RD AVE STE 960
 MIAMI FL 33131

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PDS	SOFRO, ELI	C/O ONE SE 3RD AVE STE 960	MIAMI FL 33131	<input type="checkbox"/>
TD	BILLY SAM	C/O ONE SE 3RD AVE STE 960	MIAMI FL 33131	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		5415 N.W. 24th St Ste 112	MARGATE, FLA 33063	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: ELI SOFRO

Date: 3/22/00

Daytime Phone #: (954) 565-6004

CR2E034 (9/99)