2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # **F98000004771** Feb 13, 2000 8:00 am **Secretary of State** NEWSMAX.COM, INC. 02-13-2000 90003 019 ***150.00 Principal Place of Business Mailing Address 224 DATURA ST. P.O. BOX 20989 WEST PALM BEACH FL 33416-0989 PALM BEACH FL 33401 WEST Principal Place of Business 3. Mailing Address 560 Village Alvd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0855199 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent SHEPARI FLORIDA INCORPORATORS, INC. Cipmen, Dunay & Sh 1221 BRICKELL AVE., STE 900 **MIAMI FL 33131** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD **Addition** Delete TITLE Michael Ruff RUDDY, CHRISTOPHER W NAME 8144 Walnut Hill, #172 1655 BRANDYWINE ROAD, #8114 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL Dallas TX 75231 ☐ Change Addition ☐ Delete TITLE TITLE ALLEN, DANA NAME NAME Arnaud de Borchgrave STREET ADDRESS 2801 New Maxico Are NW 433 AIRPORT BLVD., STE 414 STREET ADDRESS CITY-ST-ZIP Washington, D.C. 20007 CITY-ST-ZIP **BURLINGAME CA** ☐ Delete TITLE Alvin A Hirse NAME NAME STREET ADDRESS STREET ADDRESS 560 Village alval. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME JAMES Douidson STREET ADDRESS STREET ADDRESS 209 South Lea CITY-ST-7IP CITY-ST-ZIP Al-xandria VA Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME Thomas Moorer 9707 Georgetown Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP 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