2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P98000067714 Mar 21, 2000 8:00 am **Secretary of State** HON INTERACTIVE, INC. 03-21-2000 90075 023 ***150.00 Mailing Address Principal Place of Business 139 E. PALMETTO PK RD. 139 E. PALMETTO PK RD. **BOCA RATON FL 33432-4818** BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0854302 Not Applicable Country Zip 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 Name ANNA TALERICO CORPORATION SERVICE COMPANY Street Address (PO. Box Number is Not Acceptable) 139 E. PALMETTO PARK ROAD 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 2 **BOCA RATON** 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition CEO Change TITLE TITLE Delete TALERICO, JUSTIN F NAME NAME 5210 MAJORCA CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE BRINKER, SCOTT J NAME NAME STREET ADDRESS 3606 S. OCEAN BLVD. UNIT 608 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33487** ☐ Change · 🔄 Addition TITLE Delete TALERICO, ANNA NAME NAME STREET ADDRESS 5210 MAJORCA CLUB DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33486 ☐ Change ☐ Addition 1111 F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.