
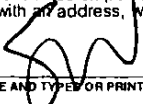


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90096 022 ***150.00

DOCUMENT # F02000002351 1. Entity Name 180 CONNECT INC.																																																																																																																													
Principal Place of Business 6365 NW 6TH WAY STE 200 FORT LAUDERDALE FL 33309			Mailing Address 6365 NW 6TH WAY STE 200 FORT LAUDERDALE FL 33309																																																																																																																										
2. Principal Place of Business - No P.O. Box # 135 CROSSWAYS DR.		3. Mailing Address 6501 E. BELLEVUE AVE.																																																																																																																											
Suite, Apt. #, etc. 402		Suite, Apt. #, etc. 500																																																																																																																											
City & State WOODBURY, NY		City & State ENGLEWOOD, CO		4. FEI Number 30-0041086																																																																																																																									
Zip 11797		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.																																																																																																																													
SIGNATURE:  STEVEN WESTBERG <i>a/3/7</i> 303-395-6000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F02000002351



1. Entity Name
180 CONNECT INC.

ATTACHMENT

Principal Place of Business
6365 NW 6TH WAY
STE 200
FORT LAUDERDALE FL 33309

Mailing Address
6365 NW 6TH WAY
STE 200
FORT LAUDERDALE FL 33309

2. Principal Place of Business - No P.O. Box #
135 CROSSWAYS DR.

3. Mailing Address
6501 E. BELLEVUE AVE.

40108929

1st MOORE CR2E034 (10/08)

Suite, Apt. #, etc.
402

Suite, Apt. #, etc.
500

City & State
WOODBURY, NY

City & State
ENGLEWOOD, CO

4. FEI Number 30-0041086

Applied For
Not Applicable

Zip
11797

Country
USA

Zip
80111

Country
USA

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME GIACALONE, PETER ☐ Delete
STREET ADDRESS 6365 NW 6TH WAY STE 200
CITY- ST- ZIP FORT LAUDERDALE FL 33309

TITLE VSTD
NAME AMATO, STEVEN C ☒ Delete
STREET ADDRESS 6365 NW 6TH WAY STE 200
CITY- ST- ZIP FORT LAUDERDALE FL 33309

TITLE CBDO
NAME NEWELL, ROBERT R ☒ Delete
STREET ADDRESS 6465 NW 6TH WAY, #200
CITY- ST- ZIP FORT LAUDERDALE FL 33309

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD
NAME GIACALONE, PETER ☒ Change ☐ Addition
STREET ADDRESS 6501 E. BELLEVUE AVE. STE 500
CITY- ST- ZIP ENGLEWOOD, CO 80111

TITLE VSTD
NAME WESTBERG, STEVEN ☐ Change ☒ Addition
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SIGNATURE:

SW

STEVEN WESTBERG

03/09

303-395-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #