

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90157 044 ***150.00

DOCUMENT # 589860

1. Entity Name
PRN, INC.

Principal Place of Business 12942 SW 133 COURT MIAMI FL 33186-906 US	Mailing Address 12942 S.W. 133 COURT MIAMI FL 33176-4753 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12000 SW 69 Ct Suite, Apt. #, etc.	3. Mailing Address P.O. Box 562711 Suite, Apt. #, etc.
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City & State Miami Fla	City & State Miami, FL
Zip 33156	Country Dade
Zip 33156	Country Dade

4. FEI Number 59-1864546	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BREWER, DWIGHT R
 12942 SW 133 COURT
 MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **Wendt, Willard L.**
 Street Address (P.O. Box Number is Not Acceptable)
12000 SW 69 Ct
 City **Miami** **FL** Zip Code **33156**

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 **Wendt, Willard L.** **Willard L. Wendt** **4/28/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE PD NAME WENDT, WILLARD L. STREET ADDRESS 12942 SW 133 COURT CITY-ST-ZIP MIAMI FL 06	<input type="checkbox"/> Delete
TITLE S NAME WENDT, JESSIE R. STREET ADDRESS 12942 SW 133 COURT CITY-ST-ZIP MIAMI FL 06	<input type="checkbox"/> Delete
TITLE VP NAME BREWER, DWIGHT R. STREET ADDRESS 12942 SW 133 CT CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P.O. Box 562711 Miami, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP P.O. Box 562711 Miami, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Willard L. Wendt** **4/27/2000** **305 665 2215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)