

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000002000

1. Entity Name

DIRECT RESPONSE MARKETING U.S., LTD.

FILED

00 MAY 15 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1801 S. FEDERAL HWY. STE. 300 DELRAY BEACH FL 33483	Mailing Address 1801 S. FEDERAL HWY. STE. 300 DELRAY BEACH FL 33483-3335
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0640124	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent VP VENTURES-INC. Suite 300 1801 S. FEDERAL HWY., STE. 295 DELRAY BEACH FL 33483	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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] (NOTE: Registered Agent signature required when reinstating) DATE 4/25/00

9. Capital Contributions as Shown on record. \$5,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000087083 VP VENTURES, INC. Suite 300 1801 S. FEDERAL HIGHWAY, SUITE 295 DELRAY BEACH FL 33483	STREET ADDRESS CITY - ST - ZIP	9000003292709--8 06/15/00--01143--012 ****526.25 ****526.25
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature] SIGNATURE REQUIRED

4/25/00 Date

561-272-5667 Daytime Phone #

CR2E003 (9/99)