

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000043

1. Entity Name
HIGH NET INVESTORS, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 12:06

Principal Place of Business 1801 SOUTH FEDERAL HIGHWAY, SUITE 300
DELRAY BEACH FL 33843

Mailing Address 1801 SOUTH FEDERAL HIGHWAY, SUITE 300
DELRAY BEACH FL 33483-3335



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0876258 **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
Bach Koff
BASCHKOFF, ERIC
1801 SOUTH FEDERAL HIGHWAY, SUITE 300
DELRAY BEACH FL 33843

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.

SIGNATURE *ER* **DATE** 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$8,000,000.00

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	V73487 CHAMPION COMMUNICATIONS, INC. 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH FL 33843	STREET ADDRESS	
		CITY - ST - ZIP	
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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: *ER* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

DATE 4/25/00 **Daytime Phone #** 561-272-5667

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