2001 UNIFORM RUSINESS REDORT (URB)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F0000000329 1. Entity Name BASE HITS, INC.						FILED Mar 28, 2001 8:00 am Secretary of State 03-28-2001 90210 001 ***150.00					
Principal Place 6745 PHILLIPS JACKSONVILLE		Mailing Address 6745 PHILLIPS IND. BLVD JACKSONVILLE FL 32256 3. Mailing Address Suite, Apt. #, etc.			COO38800						
	Place of Business										
Suite, Apt. #, etc.		<u> </u>					DO NOT WRITE	IN THIS SPA			7
City & State		City & State	City & State			El Number	38-2995739		1	plied For t Applicable	}
Zip Country		Zip ,	Zip Cour					.75 Add Required			
6. Name and Address of Current Registered Agent				Name	. 7. N	lame and A	ddress of New Rec	istered Age	nt		
SIEWERT, DEREK A 6745 PHILLIPS IND. BLVD JACKSONVILLE FL 32256				Street Add	ress (P.O. B	ox Number	is Not Acceptable)				1
				City		<u> </u>		FL	Zip Code		}
8. The above	named entity submits this statement	for the purpose of changing its	register	ed office or re	gistered age	ent, or both,	in the State of Florid				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registere	d Agent signature r	equired when rei	instating)		DATE			}
Tax filing	oration is eligible to satisfy its Intangib requirement and elects to do so. ría on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St					ion Campaign Finar Fund Contribution.	ncing	\$5.00 Added	May Be to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PST SIEWERT, DEREK A 6745 PHILLIPS IND. BLVD JACKSONVILLE FL	D DIRECTORS			ADI	DITIONS/CH	HANGES TO OFFIC		RECTORS Change	Addition	5034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete			E ET ADDRESS - ST-ZIP					Change	☐ Addition	CBS
NAME STREET ADDRESS CITY-ST-ZIP	-	: Delete	NAM STRE	E Et address -St-Zip	-		منت ا ^{له} اس _{اد ا} بد ــــــــــــــــــــــــــــــــــــ		Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 1	1				Ε	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition	
indicated of the cor	pertify that the information supplied with on this report or supplemental report poration or the receiver or trustee employed or on an attachment with all address	is true and accurate and that r powered to execute this report	ny signat as requi	ure shall have	the same is	egal effect a	s if made under oat	h; that I am a ppears in Bl	an officer of ock 11 or	or director Block 12 if	
SIGNAT	URE:SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR .		1/20	Date	904-8 Daytim	76-3 e Phone #	453	,