

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -7 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 01-02

DOCUMENT # F00000003953

1. Entity Name

Wired Business, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
420 S Lincoln Road

Suite, Apt. #, etc.  
Suite 256

City & State  
Miami Beach, Florida

Zip  
33139

Country  
USA

3. Mailing Address  
999 18th Street

Suite, Apt. #, etc.  
Suite 2100

City & State  
Denver, Colorado

Zip  
80202

Country  
USA

4. FEI Number  
22-3616505

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CSC

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City  
Tallahassee

FL

Zip Code  
32301

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, 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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
President & CEO, Director  
Wiley Prentice  
999 18th Street, Suite 2100  
Denver, CO 80202

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VP of Finance, Director  
Matthew J. Shiveley  
999 18th Street, Suite 2100  
Denver, CO 80202

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Chief Information Officer, Director  
Steve Spesard  
999 18th Street, Suite 2100  
Denver, CO 80202

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

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\*\*\*\*550.00 \*\*\*\*550.00

800005554158--7  
-05/16/02--01018--006  
\*\*\*\*150.00 \*\*\*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02  
Date

303-893-3462  
Daytime Phone #

CR2E0348 (2/01)

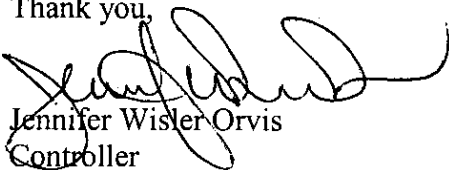
April 30, 2002

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Sir or Madam:

Please accept our Uniform Business Reports for the years ended December 31, 2000 and 2001. It appears that we neglected to file the 2000 report and have adjusted the filing fee accordingly. Should you have any questions or concerns, do not hesitate to contact me directly at 303-893-3462 ext 121 or through our registered agent.

Thank you,



Jennifer Wisler Orvis  
Controller

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> F00000003953
<b>Entity Name</b> Wired Business, Inc.

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<b>2. Principal Place of Business</b> 420 S Lincoln Road		<b>3. Mailing Address</b> 999 18th Street	
Suite, Apt. #, etc. Suite 256		Suite, Apt. #, etc. Suite 2100	
City & State Miami Beach, Florida		City & State Denver, Colorado	
Zip 33139	Country USA	Zip 80202	Country USA

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 22-3616505		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name CSC		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
City Tallahassee			
FL			
Zip Code 32301			

**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.

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

(NOTE: Registered Agent signature required when relocating)

DATE

<b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00.</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President & CEO, Director Wiley Prentice 999 18th Street, Suite 2100 Denver, CO 80202	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP of Finance, Director Matthew J. Shiveley 999 18th Street, Suite 2100 Denver, CO 80202	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Chief Information Officer, Director Steve Spesard 999 18th Street, Suite 2100 Denver, CO 80202	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**13.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)