

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004414 (8)**

1. Corporation Name

EARTH DAY 2000, INC.

Principal Place of Business

Mailing Address

**SUITE 408
11965 VENICE BOULEVARD
LOS ANGELES CA 90066**

**SUITE 408
11965 VENICE BOULEVARD
LOS ANGELES CA 90066**



2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified	
08/24/1994	
4. FEI Number	Applied For
77-0274001	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBSEN, DON 2720 APALACHEE PARKWAY TALLAHASSEE FL 32301	81. Name Mark Ferrulo
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. 704 West Madison Street
	84. City Tallahassee 85. Zip Code FL 32304

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Mark Ferrulo* **Mark Ferrulo** DATE _____
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PD WENDLANDT, WENDY	1.2 NAME
STREET ADDRESS 11965 VENICE BOULEVARD SUITE 408	1.3 STREET ADDRESS
CITY-ST-ZIP LOS ANGELES CA	1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VD COLLINS, GINA	2.2 NAME
STREET ADDRESS 218 D STREET, SE	2.3 STREET ADDRESS 6542 Whitney Street
CITY-ST-ZIP WASHINGTON DC	2.4 CITY-ST-ZIP Oakland CA 94609
TITLE <input type="checkbox"/> DELETE	3.1 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SD WEINERT, KIRK	3.2 NAME
STREET ADDRESS 1129 STATE STREET #10-B	3.3 STREET ADDRESS 11965 Venice Blvd Suite 408
CITY-ST-ZIP SANTA BARBARA CA 93101	3.4 CITY-ST-ZIP Los Angeles CA 90066
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wendy Wendlandt* **Wendy Wendlandt** (310) 397-5270

CR2037 (10/97)