1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F94000004414

EARTH DAY 2000, INC.

Principal Place of Business 11965 VENICE BOULEVARD LOS ANGELES CA 90066

Mailing Address

SUITE 408

11965 VENICE BOULEVARD LOS ANGELES CA 90066

## **FILED** Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90009 005 \*\*\*\*61.25

|--|--|--|--|--|

2. Principal Pl	Place of Business 2a. Mailing Address			3. Date incorporated or Qualified 08/24/1994					
21		28				1 1000	lied For		
Suite, Apt. ;	Apt. #, etc. Suite, Apt. #, etc.			4. FEI Number 77-0274001		<u> </u>	olied For		
22		27			1170214001		Applicable		
City & State	City & State				5. Certifcate of Status Desired  \$8.75 Addition Fee Required				
Zip	Country				6. Election Campaign Financing	\$5.00 N	vlay Be		
24	25 29 30			Trust Fund Contribution Added to Fees					
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	J Agent			
		-	81	Name			ł		
FERRULO, MARK			92	82 Street Address (P.O. Box Number is Not Acceptable)					
			62	62 Street Address (P.O. Box Number is Not Acceptable)					
704 WEST MADISON ST TALLAHASSEE FL 32304			83						
IALLAHA	35EE FL 32304								
			84	City	F				
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the abov	-named corp	poration submits this statement for the purpose	of changing its r	registered		
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was aut ons of, Section 617.0503. Florid	nonzed by la Statutes	tne corporation.	on's board of directors. I hereby accept the app	WILLIAM GO 108	1310100		
_	Transmar With, and accept the designation								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Age	nt signature require	ed when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR			
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition		
NAME	WENDLANDT, WENDY		1.2 NAME				ĺ		
		1.3 STREE	TAODRESS						
CITY-ST-ZIP	LOS ANGELES CA		1,4 CITY- S	T-7IP					
TITLE	VD	☐ DELETE	2.1 TITLE		0	Change	Addition		
1	COLLINS, GINA	_	2.2 NAME	G	ma collins	. 7	i		
NAME	AR AS ASSISTED ATTOCKT			TADDRESS 3	o creat ad.		ļ		
STREET ADDRESS					naymand ma 01754				
CITY-ST-ZIP	OAKLAND CA 94609	☐ DELETE	2.4 CITY-1	11-211		☐ Change	Addition		
TITLE	SD	□ pereie					_		
NAME	WEINERT, KIRK	_	3.2 NAME				ļ		
STREET ADDRESS	11965 VENICE BLVD, SUITE 408	3	1	TADORESS					
CITY-\$T-ZIP	LOS ANGELES CA 90066		3.4. CITY-	57- ZIP		☐ Change	☐ Addition		
TITLE		☐ DELETE	4,1 TITLE			☐ Criange			
NAME			4, 2 NAME				]		
STREET ADDRESS			4.3 STREE	T ADORESS			<b>\</b>		
CITY-ST-ZIP			4.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME				Ì		
STREET ADDRESS			5.3 STREE	T ADORESS			ſ		
CITY-ST-ZIP			5.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADORESS					
0			6.4 CITY-5	sT-ZIP			ļ		

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, with all other like empowered.

SIGNATURE:

Wendy Wendlandt