

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90012 021 ***150.00

DOCUMENT # F95000001510

1. Entity Name
800 SOBT CORPORATION

Principal Place of Business
**800 NEWPORT CENTER DR., #300
 NEWPORT CA 92660**

Mailing Address
**800 NEWPORT CENTER DR., #300
 NEWPORT CA 92660-6315**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number **33-0656307**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARACORP INCORPORATED
 236 EAST 6TH AVENUE
 TALLAHASSEE FL 32303**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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-ST-ZIP	DP HUBBS, DAVID K 800 NEWPORT CENTER DR., #300 NEWPORT CA 92660 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCWALTERS, JAMES G 800 NEWPORT CENTER DR., #300 NEWPORT CA 92660 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-V BOWER, RONALD L 800 NEWPORT CENTER DR., #300 NEWPORT BEACH CA 92660 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUBBS, DAVID K 800 NEWPORT CENTER DR., #300 NEWPORT BEACH CA 92660 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS SULLIVAN, LAWRENCE K 800 NEWPORT CENTER DR., #300 NEWPORT CA 92660 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCRUGGS, PATRICK M 800 NEWPORT CENTER DR., #300 NEWPORT CA <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition V CAVANAUGH JEFFREY S. 800 NEWPORT CENTER DRIVE #300 NEWPORT BEACH CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition AS GUY, CHRISTOPHER L. 800 NEWPORT CENTER DRIVE #300 NEWPORT BEACH CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition AS BRUSH, DAVID R. 800 NEWPORT CENTER DRIVE #300 NEWPORT BEACH CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Hubbs 1-12-00 949-219-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)