2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **F96000000867** MEDIAONE INTERACTIVE SERVICES, INC. 01-29-2000 90111 046 ***150.00 Mailing Address Principal Place of Business 188 INVERNESS DRIVE WEST 188 INVERNESS DRIVE WEST SUITE 600 SUITE 600 909905 ENGLEWOOD CO 80112-5202 ENGLEWOOD CO 80112 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 84-1320963 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6._Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) DΔTF FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ CULLEN, THOMAS A NAME STREET ADDRESS STREET ADDRESS 9000 E NICHOLS AVE. CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80112 ☐ Delete X Change X Addition TITLE TITLE PORTER, RAHN K. NAME CAMPBELL, CONSTANCE P NAME STREET ADDRESS **188 INVERNESS DRIVE WEST** STREET ADDRESS 188 Inverness Drive West CITY-ST-ZIP CITY-ST-ZIP Englewood, Colorado ENGLEWOOD CO 80112 Delete ---TITLE" - --- - Change TITLE O'LEARY, SHARON A NAME NAME **188 INVERNESS DRIVE WEST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80112 ☐ Change ☐ Addition AS TITLE ☐ Delete TITLE BRILZ, STEPHEN E NAME NAME STREET ADDRESS **188 INVERNESS DRIVE WEST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80112 ☐ Change Addition TITLE ☐ Delete TITLE POST, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS **188 INVERNESS DRIVE WEST** CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80112 ☐ Addition ☐ Delete ☐ Change TITLE TITLE CASTRODALE, DEBRA S NAME NAME STREET ADDRESS **188 INVERNESS DRIVE WEST** STREET ADDRESS CITY-ST-ZIP ENGLEWOOD CO 80112 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

ASUMA (ODebra S. Castrodale, Ass't Sec. 1-20-00 303-858-3

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Daytime Phone #