

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90040 045 \*\*\*150.00

**DOCUMENT # F96000003873**

1. Entity Name  
**PARADYNE CREDIT CORP.**

Principal Place of Business 8545 126 AVE N LARGO FL 33779-826 US	Mailing Address 8545 - 126TH AVENUE. NORTH LARGO FL 33773-1502 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>75-2658217</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		Zip <b>33773</b>		Country	
Zip <b>33773</b>		Country		Zip <b>33773</b>		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>UCC FILING &amp; SEARCH SERVICES, INC.</b> <b>526 E PARK AVENUE, STE 200</b> <b>TALLAHASSEE FL 32301</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		Zip Code	
				State				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D STANTON, DAVID M</b>	NAME	
STREET ADDRESS	<b>1035 FRANCISCO ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PCD EPLEY, THOMAS E</b>	NAME	
STREET ADDRESS	<b>414 14TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA MONICA CA 90402</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPTC MURPHY, PATRICK M</b>	NAME	<b>V.P., CFO, Treas. &amp; Director</b>
STREET ADDRESS	<b>506 W DALE AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPSD SLATTERY, JAMES L</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 2827</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34697</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Patrick M. Murphy* Chief Financial Officer (727) 530-2977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Patrick M. Murphy

CR2E034 (9/99)