2000 UNIFORM BUSINESS REPORT (UBR)

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

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **F96000006688** Apr 12, 2000 8:00 am Secretary of State PRO DIRECT RESPONSE CORP 04-12-2000 90026 022 ***150.00 Mailing Address Principal Place of Business PO BOX 269 ONE MALL DRIVE SAN ANTONIO TX 78291-0269 STE 701 CHERRY HILL NJ 08002 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 22-3413413 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. VILLE Persident Addition Change TITLE DC TITLE Delete Hochhauser Richard NAME WOOD, PETER J 260 MADISON AVENUE STREET ADDRESS STREET ADDRESS 25400 US HWY 19 N CITY-ST-ZIP CITY-ST-ZIP New YORK 10016 **CLEARWATER FL 34623** Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME PINSKY, ROBERT D STREET ADDRESS STREET ADDRESS 25400 US HWY 19 N CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34623** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME HARTE, HOUSTON H NAME STREET ADDRESS STREET ADDRESS 200 CONCORD PLAZA DR #800 CITY-ST-ZIP CITY-ST-ZIP **SAN ANTONIO TX 78216-6918** Delete TITLE Change ☐ Addition AT NAME ORTIZ, FEDERICO NAME STREET ADDRESS STREET ADDRESS 200 CONCORD PLAZA DR, STE 800 CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78216 ☐ Delete ☐ Change ☐ Addition DVS TITLE TITLE CREWS, DONALD R NAME STREET ADDRESS STREET ADDRESS 200 CONCORD PLAZA DR #800 CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78216-6918 ☐ Change Addition D۷ ☐ Delete TITLE TITLE NAME NAME FRANKLIN, LARRY STREET ADDRESS STREET ADDRESS 200 CONCORD PLAZA DR #800 CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78216-6918 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