

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006688

1. Entity Name
PRO DIRECT RESPONSE CORP

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90097 025 ***150.00

Principal Place of Business
**ONE MALL DRIVE
STE 701
CHERRY HILL NJ 08002
US**

Mailing Address
**PO BOX 269
SAN ANTONIO TX 78216-6918**

00028076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3413413**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	HOCHHAUSER, RICHARD	
STREET ADDRESS	260 MADISON AVE 21ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PINSKY, ROBERT D	
STREET ADDRESS	25400 US HWY 19 N	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HARTE, HOUSTON H	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ORTIZ, FEDERICO	
STREET ADDRESS	200 CONCORD PLAZA DR, STE 800	
CITY-ST-ZIP	SAN ANTONIO TX 78216	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CREWS, DONALD R	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FRANKLIN, LARRY	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Ward	
STREET ADDRESS	ONE MALL DRIVE, # 701	
CITY-ST-ZIP	Cherry Hill, NJ 08002	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Federico Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

210-829-9358

Daytime Phone #

CR2E034 (10/00)