

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90081 038 \*\*\*150.00

**DOCUMENT # F98000001658**

1. Entity Name

**VANISHING POINT, INC.**

Principal Place of Business

225 HILLSBOROUGH STREET, STE 150  
 ATTN: MARK C KING  
 RALEIGH NC 27603

Mailing Address

225 HILLSBOROUGH STREET, STE 150  
 ATTN: MARK C KING  
 RALEIGH NC 27603-1767

2. Principal Place of Business

414 Glenwood Ave Ste 105

3. Mailing Address

414 Glenwood Ave Ste 105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Glen Shipley

Attn: Glen Shipley

City & State

City & State

Raleigh NC

Raleigh NC

Zip

Country

Zip

Country

27603

USA

27603

USA

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	FAUST, HALLEY S	
STREET ADDRESS	5 TIMROD LANE	
CITY-ST-ZIP	WEST HARTFORD CT	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHABAN, MELISSE	
STREET ADDRESS	225 HILLSBOROUGH STREET, STE 150	
CITY-ST-ZIP	RALEIGH NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDEN, ANNETTE	
STREET ADDRESS	225 HILLSBOROUGH STREET, STE 150	
CITY-ST-ZIP	RALEIGH NC	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHIPLEY, GLEN	
STREET ADDRESS	225 HILLSBOROUGH STREET, STE 150	
CITY-ST-ZIP	RALEIGH NC	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OWEN, JOHN P	
STREET ADDRESS	350 5TH AVE., #706	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	414 Glenwood Ave Suite 105	
CITY-ST-ZIP	Raleigh NC 27603	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	414 Glenwood Ave Suite 105	
CITY-ST-ZIP	Raleigh NC 27603	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	414 Glenwood Ave Suite 105	
CITY-ST-ZIP	Raleigh NC 27603	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/00

919-424-3900

CR2E034 (9/99)