

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90077 001 \*\*\*150.00

**DOCUMENT # F98000004771**

1. Entity Name

**NEWSMAX.COM, INC.**

Principal Place of Business

**560 VILLAGE BLVD  
STE 270  
WEST PALM BEACH FL 33409**

Mailing Address

**P.O. BOX 20989  
WEST PALM BEACH FL 33416****A0025300**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0855199**

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

**SHEPARD, JONATHAN L  
SIEGAL, LIPMAN, DUNNY & SHEPARD  
5355 TOWN CENTER RD STE 801  
BOCA RATON FL 33486**

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

| 11. OFFICERS AND DIRECTORS                     |                                                                                                                    | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RUDDY, CHRISTOPHER W<br>1655 BRANDYWINE ROAD, #8114<br>WEST PALM BEACH FL<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | C<br>RGGES-MOGG, WILLIAM<br>17 Pall Mall<br>LONDON, ENGLAND SW1Y5NB<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>ALLEN, DANA<br>433 AIRPORT BLVD., STE 414<br>BURLINGAME CA<br><input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>KEVIN TIMPY<br>560 VILLAGE BLVD<br>WEST PALM BEACH FL 33409<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RUFF, MICHAEL<br>8144 WALNUT HILL #172<br>DALLAS TX 75231<br><input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>MOOREN, THOMAS<br>9707 Old Georgetown Rd.<br>Bethesda, MD 20814<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DE BORCHGERQUE, ARNAND<br>2801 NEW MEXICO AVE NW<br>WASHINGTON DC 20007<br><input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>DE BORCHGERQUE, ARNAND<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>HIRSCH, ALVIA A<br>560 VILLAGE BLVD<br>WEST PALM BEACH FL 33409<br><input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>HIRSCH, ALVIN A.<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAVIDSON, JAMES<br>209 SOUTH LEE<br>ALEXANDRIA VA 22314<br><input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |

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

2/13/01 561-686-1165

Daytime Phone #

CR2E034 (10/00)