

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 08, 2001 08:00 AM****Secretary of State****DOCUMENT # F99000000434**1. Entity Name  
HTML WRITERS GUILD, INC.

Principal Place of Business	Mailing Address
126 E OLYMPIC AVE SUITE 406 PUNTA GORDA FL 33950	126 E OLYMPIA AVE SUITE 406 PUNTA GORDA FL 33950

2. Principal Place of Business	3. Mailing Address
126 E OLYMPIA AVE	126 E OLYMPIA AVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 406	SUITE 406

City & State	City & State
PUNTA GORDA FL	PUNTA GORDA FL

Zip	Country	Zip	Country
33950		33950	

4. FEI Number	Applied For
58-2258880	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOULTON KATHLEEN 126 E OLYMPIC AVE SUITE 406 PUNTA GORDA FL 33950	Name MOULTON KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 126 E OLYMPIA AVE SUITE 406 City PUNTA GORDA FL Zip Code 33950

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 **KATHLEEN MOULTON****05/08/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTLETT KENNETH L			NAME	MOULTON KATHLEEN		
STREET ADDRESS	110 E WILSHIRE AVE, SUITE G-1			STREET ADDRESS	126 E OLYMPIA AVE, SUITE 406		
CITY-ST-ZIP	FULLERTON CA 92832			CITY-ST-ZIP	PUNTA GORDA FL 33950		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS LEANNE			NAME	BARTLETT KENNETH L		
STREET ADDRESS	900 PEPPERTREE LANE #814			STREET ADDRESS	110 E WILSHIRE AVE, SUITE G-1		
CITY-ST-ZIP	SANTA CLARA CA 95051			CITY-ST-ZIP	FULLERTON CA 92832		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOUMPHREY FRANK			NAME	CHRISTOPHER HIGGS		
STREET ADDRESS	15339 HEMLOCK PT RD			STREET ADDRESS	11/5 TOWER ROAD		
CITY-ST-ZIP	CHAGRIN FALLS OH 44022			CITY-ST-ZIP	WERRIBEE VIC AUSTRALIA AU 3030		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNETT FREDERICK J			NAME			
STREET ADDRESS	8615 MAIN ST			STREET ADDRESS			
CITY-ST-ZIP	SORRENTO LA 707783004			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANSEN KENNETH MII			NAME	JANSEN KENNETH MII		
STREET ADDRESS	251 NORTH INGLESIDE ST			STREET ADDRESS	201 ORLEANS LANE		
CITY-ST-ZIP	FAIRHOPE AL 36532			CITY-ST-ZIP	FAIRHOPE AL 36532		
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLINE JOE			NAME	BOUMPHREY FRANK		
STREET ADDRESS	2855 GRAND STREET NE			STREET ADDRESS	15339 HEMLOCK POINT ROAD		
CITY-ST-ZIP	MINNEAPOLIS MN 55418			CITY-ST-ZIP	CHAGRIN FALLS OH 44022		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: KATHLEEN MOULTON****D****05/08/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)