

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000006719**

1. Entity Name

BLUE DOT LICENSING, INC.**FILED****Mar 08, 2001 8:00 am**
Secretary of State

03-08-2001 90024 021 ***150.00

Principal Place of Business

Mailing Address

13680 NW 5TH STREET, STE 200
SUNRISE FL 33325**13680 NW 5TH STREET, STE 200**
SUNRISE FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4335330**

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	CP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	JOHNSON, PATRICK L	13680 NW 5TH STREET, STE 200	SUNRISE FL						
	VS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SNIDER, MARK D	13680 NW 5TH STREET, STE 200	SUNRISE FL						
	ASTD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PAPADAKIS, JOAN R	13680 NW 5TH STREET, STE 200	SUNRISE FL			VP/AS/T/D	13680 NW 5TH STREET, SUITE 200	SUNRISE, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	AS			<input type="checkbox"/> Delete		D	13680 NW 5TH STREET, SUITE 200	SUNRISE, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	DIETRICH, ALAN D	125 S. DAKOTA AVENUE, STE 1100	SIOUX FALLS SD			CANNON, MARC G.	13680 NW 5TH STREET, SUITE 200	SUNRISE, FL 33325	
	AS			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SIMPSON, JEFFREY K	1201 MARKET STREET, STE 1700	WILMINGTON DE						
				<input type="checkbox"/> Delete					<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

Mark D. Snider

Date

3/5/2001

Daytime Phone #

(954) 835-1800

CR2E034 (10/00)