

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G25941

FILED  
Jul 03, 2002 8:00 AM  
Secretary of State

Entity Name: DIRECT RESPONSE ASSOCIATES, INC.

## Current Principal Place of Business:

10001 NW 50TH ST  
SUITE 114  
SUNRISE, FL 33351 US

## New Principal Place of Business:

## Current Mailing Address:

10001 NW 50TH ST  
SUITE 114  
SUNRISE, FL 33351 US

## New Mailing Address:

FEI Number: 59-2266691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHIFF, ARTHUR D  
8501 NW 43RD CT  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHIFF, ARTHUR D.,  
Address: 8501 NW 43 CT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: SCHIFF, PEARL,  
Address: 7 WEBB RD  
City-St-Zip: SHARON, MA 02067

Title: D ( ) Delete  
Name: ZUCKER, BARBARA F.,  
Address: 8501 NW 43 CT  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR D. SCHIFF

PD

07/03/2002

Electronic Signature of Signing Officer or Director

Date