FILED Jan 25, 2001 8:00 am Secretary of State 01-25-2001 90016 013 ***150.00

2001 UNIFORM BUS	SINESS REPORT (UBR)					
DOCUMENT # G76538 1. Entity Name PROGRAMMING CONSULTANTS, II	\					
Principal Place of Business	Mailing Address					
1436 HARBOUR POINT DRIVE PALM BEACH GARDENS FL 33410 US	1436 HARBOUR POINT DRIVE PALM BEACH GARDENS FL 33410 US					
2. Principal Place of Business P. O. Box 32602 Suite, Apt. #, etc.	3. Mailing Address 32602 Suite, Apt. #, etc.					
City & State PACH GARDEUS	FC Palm Beach Carlus					
33420:2602 Country	210-33420-2602 Country S.A.					
6. Name and Address of Curre	ent Registered Agent					

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	n BEACH GARDEUS, F	City & State C Palm Bea	chGau	luo R. 4. F	El Number 59	9-2349931	———	oplied For of Applicable		
33420		C Palm Bea Zip 33.470-7602	Country		Certificate of State	- <u>-</u>	\$8.75 Add Fee Require			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
WEISS, LINDA ELIAS 1436 HARBOUR POINT DRIVE PALM BEACH GARDENS FL 33410			Name ELIAS WE155, LINDA Street Address (P.O. Box Number is Not Acceptable)							
			Street Address (F.O. Box Number is Not Acceptable)							
17121	DESCRIPTION E CONTO		City A	0 0.50			Zip Cod	e /8		
			PI	tun ben	HEH GAR	WENS	FL Z	4		
8. The above SIGNATURE	namedrentity adomits this statement for Liu Liu Circumstand Circu	Weis ditle if applicable. (NOTE. R	egistered Agent signat	ure required when re	· 	e State of Florida.	1/15/2001 ATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable			Fee will be \$5 to Departmen	ill be \$550.00 Trust Fund Contribution			9 \$5.00 May Be Added to Fees			
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHAN	GES TO OFFICERS	AND DIRECTORS	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEISS, LINDA ELIAS 1436 HARBOUR POINT DR PALM BEACH GARDENS FL 3341	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIAS 608 Co PALM	WEISS OMMONS BGACH	LINDA LANE SANDENS	Change	Addition		
TITLE NAME STREET ADDRESS CITY*ST*ZIP	and the same of th	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ 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:

Gorda Elias Wes

1/15/2001

561-6777

Daytime Phone #

R2E034 (10/00