

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K11047

1. Entity Name

SHOW SITE STAFFING NETWORK, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90159 041 ***150.00

Principal Place of Business	Mailing Address
3300 N. UNIVERSITY DRIVE 403 CORAL SPRINGS FL 33065 US	3300 N. UNIVERSITY DRIVE 403 CORAL SPRINGS FL 33065-3939 US

2. Principal Place of Business	3. Mailing Address
10251 B.W. SAMPLE RD	10251 B.W. SAMPLE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
CORAL SPRINGS, FL	CORAL SPRINGS, FL
Zip	Zip
33065	33065
Country	Country
USA	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0020730	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROOKS, EDWARD 3300 N. UNIVERSITY 403 CORAL SPRINGS FL 33065	Name: BROOKS, EDWARD Street Address (P.O. Box Number is Not Acceptable): 10251 B.W. SAMPLE RD City: CORAL SPRINGS FL Zip Code: 33065

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: Ed Brooks EDWARD BROOKS 4/18/00
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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS <input type="checkbox"/> Delete	TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD BROOKS	NAME	EDWARD BROOKS
STREET ADDRESS	3300 N. UNIVERSITY DRIVE	STREET ADDRESS	10251 B.W. SAMPLE RD
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	
NAME	AIGNER, ROBIN	NAME	
STREET ADDRESS	3300 N UNIVERSITY DR, #403	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Ed Brooks EDWARD BROOKS 4/18/00 987
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)