## 2001 UNIFORM BUSINESS REPORT (UBR)

13. I hereby certify that the information indicated on this report or suppleme of the corporation or the receiver or changed, or on an attachment with a

SIGNATURE AND TIPED SHORINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 01, 2001 8:00 am Secretary of State DOCUMENT # **L98063** ACTIVE NETWORK SALES, INC. 02-01-2001 90037 017 \*\*\*150.00 Principal Place of Business 398 SW 79TH COURT 398 SW 79TH COURT MIAMI FL 33144 MIAMI FL 33144 108934 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0216108 City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELLINI, GERMAN Street Address (P.O. Box Number is Not Acceptable) 398 SOUTHWEST 79 COURT SUITE 101 MIAMI FL 33144 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE **BELLINI, GERMAN** NAME STREET ADDRESS 398 S.WW. 79 COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete\_\_\_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information webpart 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 side empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address with all other like empowered.

FILED