

DOCUMENT # N99000005375			
1. Entity Name			
Y.E.S. EDITION INC.			
Principal Place of Business		Mailing Address	
P O BOX 17892 PLANTATION FL 33318		P O BOX 17892 PLANTATION FL 33318-7892	
2. Principal Place of Business		3. Mailing Address	
P.O. Box 17892		P.O. Box 17892	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Plantation, Florida		Plantation, Florida	
Zip	Country	Zip	Country
33318	USA	33318	USA
6. Name and Address of Current Registered Agent			
WADE, GINGER H 1031 SW 29 WAY FT LAUDERDALE FL 33312			Name
			Street Address (if different from above)
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 Added	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Secretary	
TITLE	Trecia Harrison	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	10315 N.W. 29th Way	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33312	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwain E. Clark	
STREET ADDRESS		
CITY-ST-ZIP	890 N.W. 86th Ave. # 904 - Plantation, Fl.	
TITLE	1st Vice	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Sall	
STREET ADDRESS		
CITY-ST-ZIP	16101 N.W. 44th Ct. Opa Locka, Fl.	
TITLE	2nd Vice - Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria Adams	
STREET ADDRESS	9511 N.W. 8th Ave.	
CITY-ST-ZIP	Mia. Ha 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE: Kelvin Wade, President April 27, 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #