2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006285

1. Entity Name

WINK 2, INC.

Principal Place of Business	Mailing Address
33 S.E. 4TH ST.. STE. 100 BOCA RATON FL 33432	33 S.E. 4TH ST.. STE. 100 BOCA RATON FL 33432

LUUZU588

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
1100 FIFTH AVE SOUTH	1100 FIFTH AVE SOUTH	65-1009913	Applied For
Suite, Apt. #, etc. STE 401	Suite, Apt. #, etc. STE 401		Not Applicable
City & State NAPLES, FL	City & State NAPLES, FL	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Zip 34102	Country US	Zip 34102	Country US

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALVORSEN, JEFFREY T 33 S.E. 4TH ST., STE. 100 BOCA RATON FL 33432	Name JACK O. TACKETT Street Address (P.O. Box Number is Not Acceptable) 1100 FIFTH AVE SOUTH STE 401 City NAPLES FL Zip Code 34102

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 _____ DATE 2/8/01

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2001 Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPS NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE DPS NAME O. JACK. GOMEZ STREET ADDRESS 1100 FIFTH AVE SOUTH #401 CITY-ST-ZIP NAPLES, FL 34102		☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE DV NAME JACK O. TACKETT STREET ADDRESS 1100 FIFTH AVE SOUTH #401 CITY-ST-ZIP NAPLES, FL 34102		☐ 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 CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (10/00)

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: _____   2/8/01   941-263-1712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #