

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023613

1. Entity Name

THE CHAT ROOM, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90159 031 ***150.00

Principal Place of Business 110 S.E. 11TH AVENUE FORT LAUDERDALE FL 33301	Mailing Address 110 S.E. 11TH AVENUE FORT LAUDERDALE FL 33301
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2. Principal Place of Business 1862 N. Young Circle Suite, Apt. #, etc.	3. Mailing Address 1862 N. Young Circle Suite, Apt. #, etc.
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City & State Hollywood, FL	City & State Hollywood, FL
Zip 33020-4649	Country Broward

4. FEI Number 65-0996836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent Name Charles V. Williams Street Address (P.O. Box Number is Not Acceptable) 99 NE 17 St. City Ft. Lauderdale FL Zip Code 33305

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 <u>Charles V. Williams</u> (NOTE: Registered Agent signature required when reinstating) DATE 1/22/01
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <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 NAME STREET ADDRESS CITY-ST-ZIP	D MCGRANE, BARRY D 110 S.E. 11TH AVENUE FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1/22/01	Daytime Phone # (954) 920-9299
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CR2E034 (10/00)