

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074770

1. Entity Name

KING INTERACTIVE DISTRIBUTORS, INC.

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90018 019 ***158.75

Principal Place of Business

Mailing Address

5450 S STATE RD 7, SUITE 11
DAVIE FL 33314

5450 S STATE RD 7, SUITE 11
DAVIE FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1037030

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, JOHN H
5450 S STATE RD 7, SUITE 11
DAVIE FL 33314

Name MARCOS SALAS
Street Address (P.O. Box Number is Not Acceptable)
5450 South State Road 7,
Suite 11
City DAVIE FL Zip Code 33314-6409

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

John H. King
John H. King

(NOTE: Registered Agent signature required when reinstating)

DATE

02/26/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

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 D
NAME KING, JOHN H
STREET ADDRESS 5450 S STATE RD 7, SUITE 11
CITY-ST-ZIP DAVIE FL 33314
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE P/D
NAME MARCOS SALAS
STREET ADDRESS 5450 South State Road 7, suite 11
CITY-ST-ZIP DAVIE, FL. 33314-6409
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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:

Marcos Salas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARCOS SALAS

02/26/01 (51)584-2904
Date Daytime Phone #

CR2004 (10/00)