FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91352 015 ***150.00

DOCUMENT # P01000006015

1. Entity Name
SalesWanTed, inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4861 N. Dixie Hwy #205	4861 N. Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. #205
Ft Lauderdale FL	Ft Lauderdale FL
Zip 33334 County USA	Zip 33334 County USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 651067423 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Anthony J. McDermott

Street Address (P.O. Box Number is Not Acceptable): 4861 N. Dixie Hwy #205

City: Ft Lauderdale FL Zip Code: 33334

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: X Anthony J. McDermott DATE: X 4/30/02

(Type or print name of the registered agent and title if applicable. NOTE: Registered Agent signature required when changing)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE President NAME Anthony J. McDermott STREET ADDRESS 1651 NE 45th St CITY-ST-ZIP Ft Lauderdale FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Vice President/CFO NAME April Wiener STREET ADDRESS 1651 NE 45th St CITY-ST-ZIP Ft Lauderdale FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE General Counsel/VP. NAME James I Kunn STREET ADDRESS 1020 meridian Ave #415 CITY-ST-ZIP Miami, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Anthony J. McDermott DATE: X 4/30/02 Daytime Phone # 954 938-8048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR