

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90607 038 \*\*\*150.00

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**DOCUMENT # P01000014202**

1. Entity Name  
**AMERICA'S FUNNIEST DIRTY JOKE'S, INC.**

Principal Place of Business <b>275 NE 48 STREET          POMPANO BEACH FL 33064</b>	Mailing Address <b>275 NE 48 STREET          POMPANO BEACH FL 33064</b>
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DO NOT WRITE IN THIS SPACE

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  
~~05-1083328~~  
**05-1083328**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAYDEN, JOSEPH**  
**2813 NE 16 AVENUE**  
**WILTON MANORS FL 33334**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HAYDEN, JOSEPH</b> <b>2813 NE 16 AVENUE</b> <b>WILTON MANORS FL 33334</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GREENBERG, STEVEN</b> <b>532 NORTH ROSSMORE AVENUE</b> <b>LOS ANGELES CA 90004</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T. Hayden, Michael</b> <b>2813 NE 16 AVENUE</b> <b>WILTON MANORS, FL 33334</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. Greenberg, Gary</b> <b>348 Pine Circle</b> <b>BOCA RATON, FL 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *x* **Joseph R. Hayden** *President* **4/20/02** **954-698-6509**

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

CR2E034 (9/01)