

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **p94 0000000261**

1. Entity Name

**Listening IN, INC.**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90028 005 \*\*\*150.00

|                                                                                                       |                         |                                                                                              |                         |
|-------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------|-------------------------|
| Principal Place of Business<br><b>6501 ARLington Expressway, Suite 212<br/>JACKSONVILLE, FL 32211</b> |                         | Mailing Address<br><b>6501 ARLington Expressway, Suite 212<br/>JACKSONVILLE</b>              |                         |
| Principal Place of Business<br><b>6501 ARLington Expressway<br/>Suite, Apt. #, etc.<br/>Suite 212</b> |                         | 3. Mailing Address<br><b>6501 ARLington Expressway<br/>Suite, Apt. #, etc.<br/>Suite 212</b> |                         |
| City & State<br><b>JACKSONVILLE, FL</b>                                                               |                         | City & State<br><b>JACKSONVILLE, FL</b>                                                      |                         |
| Zip<br><b>32211</b>                                                                                   | Country<br><b>Duval</b> | Zip<br><b>32211</b>                                                                          | Country<br><b>Duval</b> |
| 4. FEI Number<br><b>59-3218705</b>                                                                    |                         | Applied For<br><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<br><b>Glenda BLAU<br/>Listening IN, INC.<br/>6501 ARLington Expressway<br/>Suite 212<br/>JACKSONVILLE, FL 32211</b> |  | 7. Name and Address of New Registered Agent<br>Name: <b>Glenda BLAU</b><br>Street Address (P.O. Box Number is Not Acceptable): <b>6501 ARLington Expressway<br/>Suite 212</b><br>City: <b>JACKSONVILLE</b> FL Zip Code: <b>32211</b> |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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: **Glenda Blau** Glenda Blau, President, 4/30/00  
(NOTE: Registered Agent signature required when reinstating)

|                                                                                                                                                    |                                                                                                                                         |                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

| OFFICERS AND DIRECTORS                                     |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| NAME<br><b>P, VP, S, T, D<br/>Glenda BLAU</b>              | <input type="checkbox"/> Delete | TITLE<br><b></b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>6501 ARLington Expressway</b>         |                                 | NAME<br><b></b>                                       |                                                                   |
| CITY-STATE-ZIP<br><b>Suite 212, JACKSONVILLE, FL 32211</b> |                                 | STREET ADDRESS<br><b></b>                             |                                                                   |
|                                                            | <input type="checkbox"/> Delete | CITY-STATE-ZIP<br><b></b>                             |                                                                   |
|                                                            |                                 | TITLE<br><b></b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                            |                                 | NAME<br><b></b>                                       |                                                                   |
|                                                            |                                 | STREET ADDRESS<br><b></b>                             |                                                                   |
|                                                            |                                 | CITY-STATE-ZIP<br><b></b>                             |                                                                   |
|                                                            | <input type="checkbox"/> Delete | TITLE<br><b></b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                            |                                 | NAME<br><b></b>                                       |                                                                   |
|                                                            |                                 | STREET ADDRESS<br><b></b>                             |                                                                   |
|                                                            |                                 | CITY-STATE-ZIP<br><b></b>                             |                                                                   |
|                                                            | <input type="checkbox"/> Delete | TITLE<br><b></b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                            |                                 | NAME<br><b></b>                                       |                                                                   |
|                                                            |                                 | STREET ADDRESS<br><b></b>                             |                                                                   |
|                                                            |                                 | CITY-STATE-ZIP<br><b></b>                             |                                                                   |

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 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 an officer like empowered.

SIGNATURE: **Glenda Blau** Glenda Blau President 4/30/00 904-7256  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #