## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 21, 2002 8:00 am Secretary of State P94000050789 DOCUMENT # 1. Entity Name SITE2SHOP T.V., INC. 04-21-2002 90879 027 \*\*\*150.00 Principal Place of Business Mailing Address 2001 W. SAMPLE RD. 2001 W. SAMPLE RD., STE. 101 POMPANO BEACH FL 33064 #101 POMPANO BEACH FL 33428 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0563030 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KLEIN, PATRICIA ESQ. Street Address (P.O. Box Number is Not Acceptable) 2001 W. SAMPLE RD. **SUITE #101** POMPANO BEACH FL 33064 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. CR2E034 (9/01 ☐ Change ☐ Addition TITLE ☐ Delete TITLE ALFIERI, MARK NAME NAME 2001 W. SAMPLE RD., STE. 101 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME LEVINE, JACK NAME STREET ADDRESS 2001 W. SAMPLE RD., STE. 101 STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP Addition X Delete ☐ Change TITLE TITLE NAME NAME WARM, ERIC STREET ADDRESS 2001 W. SAMPLE RD., STE. 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 record or trustee amounted to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attac SIGNATURE:

Date