2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010328

1. Entity Name

COMPUTER CONCEPTS, INC.

FILED Feb 05, 2001 8:00 am Secretary of State

OOIVII O I	CON CIENT CONCERTO, INC.						02-0	5-2001	90124 0	43 ***150	0.00	
Principal Place 0972 PALMETTO STE STI BOCA RATION F US	12316 NW	Mailing Address 8972 PALMETS CIRCLS 8 STE 311 BOC TOTAL ST 22423	2316 N	W540 SPRIM	COUX S,FC			88161 88 611 8	8) Payra (1117) 111	181 (181) (188)	
2. Principal Place of Business 3. Mailing Address												
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State	3	City & State	City & State			El Numbe	er 65-0	555924			plied For t Applicable	-
Zip	Country Zip Cour				5. Certificate of Status Desired See Required \$8.75 Addition							
	6. Name and Address of Current	Registered Agent	istered Agent			7. Name and Address of New Registered Agent						
BRAN 6972 STE-	2				Pris Not Ac		Co.	2007		-		
8. The above SIGNATURE _ 9. This corpo Tax filing r (See criter	E: Registered Ag	ent signature re \$150.00 II be \$550	equired when re	10. Ele	th, in the St ection Cam ust Fund Co	paign Fina	DATE		0 May Be			
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS	CHANGES	TO OFFI	CERS AND	DIRECTORS	S IN 11	1_
TITLE NAME STREET ADORESS CITY-ST-ZIP	D BRANDT, ROBERT M 6072-PALMETTO CIRCLE S STE BOCA RATON FL 50460-	TITLE NAME STREET A	DORESS /	- 11					Change	□ Addition	20E024 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS						Change	☐ Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST			-				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST						_	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET / CITY-ST	-ZIP						☐ Change	Addition	
indicated	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp , or on an attachment with an address	is true and accurate and that nowered to execute this repor	my signatur t as required	o chall have	ames and	legal ette	cias ii mar	ie under d	am mar r	ım ən omcei	i di dilectoi	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR