

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017839

1. Entity Name

WRESTLING OBSERVER HOTLINE, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90087 002 \*\*\*150.00

Principal Place of Business

Mailing Address

28 W. FLAGLER ST.  
SUITE 300  
MIAMI FL 33130

28 W. FLAGLER ST.  
SUITE 300  
MIAMI FL 33101-9610

2. Principal Place of Business

3. Mailing Address

25 W FLAGLER ST

25 W FLAGLER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 900

SUITE 900

City & State

City & State

MIAMI FL

MIAMI FL

Zip

33130

Country

USA

Zip

33130

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0566807

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERMAN, GERALD  
28 W. FLAGLER ST.  
SUITE 300  
MIAMI FL 33130

Name

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

25 W FLAGLER ST

SUITE 900

City

MIAMI

FL

Zip Code

33130

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SILVERMAN, GERALD  
CITY-ST-ZIP 28 W. FLAGLER ST., SUITE 300  
MIAMI FL 33130

TITLE ☐ Change ☐ Addition  
NAME 25 W FLAGLER ST SUITE 900  
STREET ADDRESS MIAMI FL 33130  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*SILVERMAN, GERALD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/00 (305) 358-5690

CR2E034 (9/99)