

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90033 018 ***150.00

DOCUMENT # P95000038104
 1. Entity Name
TRAVEL.COM, INC.
email that pays. com, Inc.

Principal Place of Business Mailing Address
428 WEST SIXTH AVE. **428 WEST SIXTH AVE.**
VANCOVER. BC V5Y1L2 **VANCOVER. BC V5Y1L2**
US **US**



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 Applied For
65-0609891 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ADELSTEIN, STEVEN
3100 NORTH 29TH COURT
HOLLYWOOD FL 33020

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADELSTEIN, STEVEN 4950 W. PROSPECT RD. FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO EP C/O Daniel Hunter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 428 West Sixth Ave. Vancouver BC V5Y1L2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Secretary DPS Donald James Mackenzie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 428 West Sixth Ave. Vancouver BC V5Y1L2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO T Warren Olson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 428 West Sixth Avenue Vancouver, BC V5Y1L2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE WARREN OLSON Date April 17/00 Daytime Phone # (604) 801-5566

CR2E034 (9/99)