

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000067790

1. Entity Name

REVERE INTERACTIVE CORPORATION

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90058 043 \*\*\*150.00

Principal Place of Business

Mailing Address

3101 SO. OCEAN BLVD. STE 120  
 HIGHLAND BEACH FL 33487

3101 SO. OCEAN BLVD. STE 120  
 HIGHLAND BEACH FL 33487-2573

2. Principal Place of Business

3. Mailing Address

675 Eagle Circle

675 Eagle Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Delray Beach, FL

Delray Beach, FL

4. FEI Number

65-0605124

Applied For

Not Applicable

Zip

Country

Zip

Country

33444

USA

33444

USA

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

COCHRAN, GEORGE S  
 3101 SO. OCEAN BLVD #120  
 HIGHLAND BEACH FL 33487

Name

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

675 Eagle Circle

City

Delray Beach

FL

Zip Code

33444

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

*George Cochran*

2/15/00

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 NAME  Delete  
 COCHRAN, GEORGE  
 STREET ADDRESS 675 EAGLE CIR  
 CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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:

*George Cochran*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

Date

561-274-9783

Daytime Phone #

CR20034 (9/99)