

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90048 050 ***158.75

DOCUMENT # P96000009206

1. Entity Name

CATCH THIS, INC.

Principal Place of Business

9291 S.W. 186 TERRACE
MIAMI FL 33157

Mailing Address

9291 S.W. 186 TERRACE
MIAMI FL 33157-7005

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

65-0640422

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYER, ROBERT M
2474 S.W. 27TH TERRACE
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

KAREN SEMEL

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

9291 S.W. 186 TERRACE

City

MIAMI

FL

Zip Code

33143

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

Karen Semel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/00

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	D	<input type="checkbox"/> Delete
NAME	SEMEL, PHILIP	
STREET ADDRESS	9291 S.W. 186 TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEMEL, KAREN	
STREET ADDRESS	9291 S.W. 186 TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

Karen Semel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

3052556193

Daytime Phone #

CR2E034 (9/99)