

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90435 032 \*\*\*150.00

**DOCUMENT # P96000031729**

1. Entity Name  
**JIVE TALK, INC.**

Principal Place of Business      Mailing Address  
 3590 S STATE RD 7 #219      3590 S STATE RD 7 #219  
 MIRAMAR FL 33023-5299      MIRAMAR FL 33023-5299  
 US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**5761 WASHINGTON ST.**      **5761 WASHINGTON ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**C3**      **C3**

City & State      City & State  
**HOLLYWOOD, FL**      **HOLLYWOOD, FL**

Zip      Country      Zip      Country  
**33023**      **USA**      **33023**      **USA**

4. FEI Number      Applied For  
**65-0658090**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LOWELL E. GLICK**  
**3590 S STATE RD 7 #219**  
**MIRAMAR FL 33023**

7. Name and Address of New Registered Agent  
 Name **LOWELL E. GLICK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5761 WASHINGTON ST., STE C3**  
 City **HOLLYWOOD**      State **FL**      Zip Code **33023**

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 *Lowell E. Glick*      **Lowell E. Glick, President**      **1/15/01**  
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, 2001 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 STREET ADDRESS CITY - ST - ZIP	PTSM GLICK, LOWELL E 5761 WASHINGTON STREET SUITE 3C HOLLYWOOD FL 33023	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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: *Lowell E. Glick*      **Lowell E. Glick**      **1/15/01**      **(954) 986-1255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)