2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

SIGNATURE AND TYPED OF

SIGNATURE:

FILED DOCUMENT # P96000034998 Mar 27, 2000 8:00 am 1. Entity Name Secretary of State POWERLINE PUBLISHING CO. 03-27-2000 90119 026 ***150.00 Mailing Address Principal Place of Business 3600 CONGRESS AVENUE 3600 CONGRESS AVENUE SUITE K SUITE K BOYNTON BEACH FL 33426-8488 BOYNTON BEACH FL 33426-8488 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0668309 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENHUT, DOUGLAS B Street Address (P.O. Box Number is Not Acceptable) 1131 SEASPRAY AVENUE **DELRAY BEACH FL 33483** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE Delete TITLE GREENHUT, DOUGLAS NAME NAME STREET ADDRESS 1131 SEASPRAY AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Addition ☐ Delete TITLE ☐ Change TITLE GREENHUT. STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 2 OCEAN CREST CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** Addition ☐ Change ☐ Delete TITLE TITLE GREENHUT, WENDY NAME STREET ADDRESS 1131 SEASPRAY AVENUE STREET ADORESS CITY-ST-ZIP CITY-ST-7IP **DELRAY BEACH FL 33483** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI E ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chande Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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