

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035358

1. Entity Name  
**PCC DIRECT, INC.**

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90087 001 26,250.00

Principal Place of Business      Mailing Address  
601 CLEARWATER PARK RD.      601 CLEARWATER PARK RD.  
WEST PALM BEACH FL 33401      WEST PALM BEACH FL 33401-6233

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0684251**      Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WATSON, WILLIAM L**  
**601 CLEARWATER PARK RD.**  
**WEST PALM BEACH FL 33401**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DC</b><br><b>PAXSON, LOWELL W</b><br><b>601 CLEARWATER PARK RD.</b><br><b>WEST PALM BEACH FL</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>BOCOCK, JAMES B</b><br><b>601 CLEARWATER PARK ROAD</b><br><b>W PALM BEACH FL</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Sagansky, Jeff</b><br><b>601 Clearwater Park Road</b><br><b>West Palm Beach, Florida 33401-6233</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPT</b><br><b>TEK, ARTHUR D</b><br><b>601 CLEARWATER PARK ROAD</b><br><b>W PALM BEACH FL</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP, T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Grossman, Seth A.</b><br><b>601 Clearwater Park Road</b><br><b>West Palm Beach, Florida 33401-6233</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPAS</b><br><b>MORRISON, ANTHONY L</b><br><b>601 CLEARWATER PARK ROAD</b><br><b>W PALM BEACH</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>WATSON, WILLIAM L</b><br><b>601 CLEARWATERPARK ROAD</b><br><b>W PALM BEACH FL</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>GAMACHE, KENNETH M.</b><br><b>601 CLEARWATER PARK ROAD</b><br><b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:       **William L. Watson, Secretary 561-659-4122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)