

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 20 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 197000023817
1. Entity Name
World Boxing Association of North America, Inc.

Principal Place of Business Mailing Address
Mellon Bank Center SAME
39th Floor
1735 Market Street
Philadelphia, PA 19103

2. Principal Place of Business 3. Mailing Address
SAME SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
51-0006522 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT Corporation System
1200 South Pine Island Road
City of Plantation, FL 33324

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.
ANN J. WILLIAMS
Assistant Vice President
SIGNATURE [Signature] DATE 4/28/00
(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	President, Secretary	<input checked="" type="checkbox"/> Delete	TITLE	President, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James J. Binns		NAME	Amy Binns Ives	
STREET ADDRESS	1735 Market St., 39th Floor		STREET ADDRESS	1735 Market St., 39th Floor	
CITY-ST-ZIP	Philadelphia, PA 19103		CITY-ST-ZIP	Philadelphia, PA 19103	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	James J. Binns, Jr.	
STREET ADDRESS			STREET ADDRESS	1735 Market Street, 39th Floor	
CITY-ST-ZIP			CITY-ST-ZIP	Philadelphia, PA 19103	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] James J. Binns 4/28/00 215-557-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)