

# 2001 UNIFORM BUSINESS REPORT (UBR)

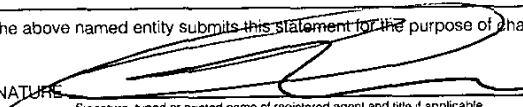
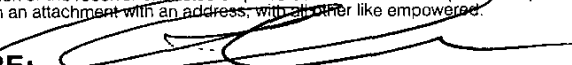
**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90042 034 \*\*\*150.00

00002566



DO NOT WRITE IN THIS SPACE

|   |   |   |         |
|---|---|---|---------|
| <b>DOCUMENT # P97000076365</b>  |   |   |         |
| 1. Entity Name<br><b>WILDE SITE, INC.</b>   |   |   |         |
| Principal Place of Business<br><b>6200 NE 4TH COURT<br/>MIAMI FL 33138<br/>US</b>   |   | Mailing Address<br><b>6200 NE 4TH COURT<br/>MIAMI FL 33138<br/>US</b>   |         |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |         |
| City & State  |   | City & State  |         |
| Zip   | Country   | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><br><b>CHRIST, THOMAS<br/>3300 BISCAYNE BLVD., SUITE <del>B2</del> F3<br/>MIAMI FL 33138 7</b>   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> 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<br><br>Signature, typed or printed name of registered agent and title if applicable.  |   | THOMAS CHRIST 01/04/01<br>(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.<br>(See criteria on back) <input type="checkbox"/>  |   | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b>         |         |
|   |   | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                            |         |
| 11. OFFICERS AND DIRECTORS  |   |   |         |
| TITLE   | P <input type="checkbox"/> Delete                                 |   |         |
| NAME  | <b>CHRIST, THOMAS</b>   |   |         |
| STREET ADDRESS  | <b>6200 NE 4TH COURT</b>  |   |         |
| CITY-ST-ZIP   | <b>MIAMI FL 33138</b>   |   |         |
| 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   |   |   |         |
| 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  |   |   |         |
| STREET ADDRESS  |   |   |         |
| CITY-ST-ZIP   |   |   |         |
| 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  |   |   |         |
| 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 like empowered. |   |   |         |
| SIGNATURE:   |   | THOMAS CHRIST 01/04/01 305 7545300  |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #  |         |

CR2E034 (10/00)