

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90037 022 ***150.00

DOCUMENT # P98000035868 ✓
1. Entity Name

INQUIRE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1544 9th St
Suite, Apt. #, etc. 5

3. Mailing Address
1544 9th St
Suite, Apt. #, etc. 5

DO NOT WRITE IN THIS SPACE

City & State SANTA MONICA, CA
Zip 90401 Country Los Angeles

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Zip 90401 Country Los Angeles

4. FEI Number 65-0859201
Applied For Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name C. ANN COCCAGNIA
Street Address (P.O. Box Number is Not Acceptable) 3650 F SANDPIPER DR #1
City Boynton Beach FL Zip Code 33436

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: C. Ann Coccagnia C. Ann Coccagnia 4/23/02
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)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>C. ANN COCCAGNIA</u> <u>1544 9th St #5</u> <u>SANTA MONICA, CA 90401</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: C. Ann Coccagnia C. Ann Coccagnia 4/23/02 310-945-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)