

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90091 008 ***150.00

DOCUMENT # P98000094952

1. Entity Name

WIRE PUBLISHING, INC.

Principal Place of Business 927 LINCOLN ROAD SUITE 108 MIAMI BEACH FL 33139	Mailing Address PO BOX 398537 MIAMI BEACH FL 33239-8537
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9553 Harding Avenue Suite, Apt. #, etc. # 312 City & State Surfside, FL Zip 33154 Country USA	3. Mailing Address P.O. Box 547055 Suite, Apt. #, etc. City & State Surfside, FL Zip 33154 Country USA
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4. FEI Number 65-0874871	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOX, ELLEN
 MCKEAN, PAUL, CHRYCY, FLETCHER & CO.
 6401 SW 87 AVE #210
 MIAMI FL 33173

7. Name and Address of New Registered Agent

Name
Louise S. Delaplaine
 Street Address (P.O. Box Number is Not Acceptable)
9920 Collins Ave #12
 City
Bal Harbour FL
 Zip Code
33154

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 L. S. Delaplaine (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D P ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEPLAINE, LOUISE S		NAME Delaplaine, Louise S.	
STREET ADDRESS 9920 COLLINS AVE #12		STREET ADDRESS 9920 Collins Ave #12	
CITY-ST-ZIP BAL HARBOUR FL 33154		CITY-ST-ZIP Bal Harbour, FL 33154	
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	
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	
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	
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	

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: L. S. Delaplaine DATE: 2-14-2000 DAYTIME PHONE #: 305-798-5642

CR2E034 (9/99)