

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90023 048 ***550.00

DOCUMENT # P99000024037

1. Entity Name
RIDERNEWS.COM, INC.

Principal Place of Business Mailing Address
1206 La Paloma Place 1206 La Paloma Place
Lady Lake, FL 32159 Lady Lake, FL 32159

00072475

2. Principal Place of Business 1206 La Paloma Place Suite, Apt. #, etc.		3. Mailing Address 1206 La Paloma Place Suite, Apt. #, etc.		4. FEI Number 59-3629432		Applied For Not Applicable	
City & State Lady Lake, FL		City & State Lady Lake, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32159	Country USA	Zip 32159	Country USA				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MICHAEL PATTERSON 1206 La Paloma Place Lady Lake, FL 32159		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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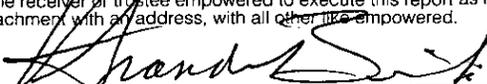
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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. (See criteria on back) <input checked="" 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																																																																
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **7/13/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VINCENT VAN DEN BRINK, SECTY/TRES. Date Daytime Phone #

CR2E034 (9/99)