

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

0121596 AV

**DOCUMENT # P99000037825**

1. Entity Name  
**CLASS ACT CONNECTIONS, INC.**

02-11-2002 90104 028 \*\*\*150.00

Principal Place of Business: **235 5TH AVE. INDIALANTIC FL 32903**  
 Mailing Address: ~~2105 BARRACUDA AVE.~~ **235 5th Ave MELBOURNE FL 32957 Indialantic, Fl. 32903**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **235 5th Ave**  
 Suite, Apt. #, etc.  
 City & State: **Indialantic, FL**  
 City & State  
 Zip: **32903** Country: **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3572456** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HEPBURN, RACHEL**  
**235 5TH AVE.**  
**INDIALANTIC FL 32903**

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.

SIGNATURE: \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>HEPBURN, RACHEL</b>	
STREET ADDRESS: <b>235 5TH AVE</b>	
CITY-ST-ZIP: <b>INDIALANTIC FL 32903</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:	

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:	

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: Rachel Hepburn **SIGNATURE REQUIRED** 1-14-02 321-952-4410  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)