## 2000 UNIFORM BUSINESS REPORT (UBR) May 16, 2000 8:00 am Secretary of State DOCUMENT # P99000067348 1. Entity Name IN-STORE BROADCAST NETWORKS, INC. 05-16-2000 90125 039 \*\*\*150.00 Principal Place of Business **Mailing Address** 5420 OAK CANORY WAY 5420 OAK GANOPY WAY FORT LAUDERDALE Ft-33312-6255 FORT LAUDERDALE EL 33312 3. Mailing Address 2. Principal Place of Business ۱ و) DO NOT WRITE IN THIS SPACE 0 Applied For 4. FEI Number City & State ፍለነርኣ Not Applicable \$8.75 Additional A $\Box$ 5. Certificate of Status Desired UJA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMÈRIA-AVENUE CORAL GABLES FL 33134 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 9. This corporation is eligible to satisfy its Intangible -FILE:NOW!!!:FEE:IS:\$150.00-10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition くむしいもかいか ☐ Delete TITLE TITLE BUTLER, JAMES R NAME 5420 OAK CANOPY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-7IP Delete ☐ Addition TITLE TITLE WEXO, RICHARD O NAME NAME 5420 OAK CANOPY WAY STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL-33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition .. [ Change TITLE TITLE BUTCER, CHRISTINE A NAME NAME 5420 OAK CANOPY WAY STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY:ST-ZIP Change Addition ☐ Delete TITLE TITLE 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: