

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000071276

1. Entity Name

POSTACARD.COM, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

05-19-2000 90748 001 ***317.50

Principal Place of Business

11701 NE 101 ROAD
 MIAMI FL 33178

Mailing Address

11701 NE 101 ROAD
 MIAMI FL 33178-1021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0977964

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TANEY, DAVID J

11701 NE 101 ROAD
 MIAMI FL 33178

Young, Andrew

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

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)



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.



**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
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 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 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:

X Michael Amideo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

4/28/00 305-889-1600

Date

Daytime Phone #

CR2E034 (9/99)