

DOCUMENT # P99000078385

1. Entity Name

PRO WEBCAST, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90005 031 ***150.00

Principal Place of Business

Mailing Address

61 GREENS ROAD
HOLLYWOOD FL 3302161 GREENS ROAD
HOLLYWOOD FL 33021-2811

2. Principal Place of Business

3. Mailing Address

450 Fairway Dr

450 Fairway Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

Suite 201

City & State

City & State

Deerfield Beach FL

Deerfield Beach FL

Zip

Zip

33441

33441

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

GRIMSLEY, CRAWFORD
61 GREENS ROAD
HOLLYWOOD FL 33021

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

1645 Palm Beach Lakes Blvd
Ste #550

City

West Palm Beach FL

Zip Code

33401

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 *Peter A Savarese, Esq.* Peter A Savarese, Esq. April 20, 2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMSLEY, CRAWFORD	
STREET ADDRESS	61 GREENS ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jodi Grimsley	
STREET ADDRESS	61 Greens Road	
CITY-ST-ZIP	Hollywood FL 33021	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Kathleen Windig / Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2 Isla Bahia Terrace	
STREET ADDRESS	2nd Land. Fl. 33316	
CITY-ST-ZIP		

TITLE	Jeffrey W. Weaver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3750 N.E. 23rd Ave	
STREET ADDRESS	Lighthouse Point, FL 33064	
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 line empowered.

SIGNATURE: *X Crawford N. Grimsley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #