

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90049 016 \*\*\*150.00

DOCUMENT # **P99000084682**

1. Entity Name

**NEWS FEATURES USA, INC**

Principal Place of Business

Mailing Address

**11930 N. BAYSHORE DR #1102**  
**MIAMI, FL 33181**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Numt

**65-0946623**

5. Certificate of Status Desired

**\$8.75**  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTOPHER BOTT**  
**11930 N. BAYSHORE DR #1102**  
**MIAMI, FL 33181**

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 **X**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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**  
 Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE **DP**  Delete  
 NAME **CHRISTOPHER BOTT**  
 STREET ADDRESS **11930 N. BAYSHORE DR #1102**  
 CITY-ST-ZIP **MIAMI, FL 33181**

TITLE  Change  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  
 NAME  
 STREET ADDRESS  
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TITLE  Change  
 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)(f), 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 12, as changed, or on an attachment with my address, with all other like empowered

SIGNATURE: **X**

**CHRISTOPHER BOTT**  
**PRESIDENT**

Signature, typed or printed name of signing officer or director