

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90286 046 ***150.00

DOCUMENT # P99000084682

1. Entity Name
NEWS FEATURES U.S.A. INC.

Principal Place of Business 11930 N. BAYSHORE DRIVE 1102 MIAMI FL 33181	Mailing Address 11930 N. BAYSHORE DRIVE 1102 MIAMI FL 33181
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **65-0946623** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KEY, SARAH P
6301 COLLINS AVENUE
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent
 Name **CHRISTOPHER W. BOTT**
 Street Address (P.O. Box Number is Not Acceptable)
11930 N. BAYSHORE DR #1102
 City **MIAMI** FL Zip Code **33181**

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]* **C. BOTT** DATE **1/31/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 BOTT, CHRISTOPHER M	<input type="checkbox"/> Delete
STREET ADDRESS 6301 COLLINS AVENUE	
CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE NAME KEY, SARAH P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 6301 COLLINS AVENUE	
CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplement 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: *[Signature]* **C. BOTT** DATE **1/31/01** DAYTIME PHONE # **305 895 0185**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/01

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE