2000 UNIFORM BUSIN	ess repor	T (UBR)	4/			
DOCUMENT # P9900008  1. Entity Name	4999			FILE May 24, 200		00 a
PROSPECTDATA CORPORATION	_			May 24, 200 Secretary		
1000 SW 48 AVE STE 304	Mailing Address 090 SW 48 AVE STE 304 10MPANO BEACH FL 33069-09	2795.5 90 Pompano		04-27-2000 90009 (	026 ***13	50.00
ft. Lauderdale FL 33308	Mailing Address 27 ? S. Suite, Apt. #, etc.	E. 3, 140	re	DO NOT WRITE IN THIS S	PACE	
Fixe State Lambridale FL	Brity & State Bch			Number 0945960	Not	olied For Applicable
37308 Country 51	53060	Country		fulcate of Statos Desired	\$8.75 Addi ee Required	
6. Name and Address of Current Re	gistered Agent	Name	7. Nar	ne and Address of New Registered A	gent	
BRANDS, RICHARD 279 SE 3 AVE		Street Addre	ss (P.O. Box	Number is Not Acceptable)		
POMPANO BEACH FL 33060		City		FL	Zip Code	<del></del>
8. The above named entity submits this statement for the SIGNATURE  Signature, typed or printed name of registered agent and	<u> </u>	gistered office or reg				
This corporation is eligible to satisfy its Intangible     Tax tiling requirement and elects to do so.     (See criteria on back)     This corporation is eligible to satisfy its Intangible     After MAY 1, 2000 Interest in the satisfy its Intangible			State	10. Election Campaign Financing Trust Fund Contribution.	Added	O May Be to Fees
11. OFFICERS AND DI		12.	ADD	ITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	
TITLE NAME STREET ADDRESS 279 SE 3rd Are CITY-ST-ZIP FORMAN BCK, FL 330		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME	☐ Delete	TITLE NAME	<del></del>		☐ Change	Addition

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 attackmini with an agricess, with all other like empowered.

STREET ADDRESS

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