

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000091456**1. Entity Name  
PREGIFT.COM, INC.**Principal Place of Business**

8855 COLLINS AVE.,NO.1204

SURFSIDE  
33154

FL

**Mailing Address**

8855 COLLINS AVE.,NO.1204

SURFSIDE  
33154

FL

**2. Principal Place of Business**

2106 DREW STREET

**3. Mailing Address**

2106 DREW STREET

**Suite, Apt. #, etc.**

STE 103

**Suite, Apt. #, etc.**

STE 103

**City & State**

CLEARWATER

FL

**City & State**

CLEARWATER

FL

**Zip**

33765

**Country**

US

**Zip**

33765

**Country**

US

**4. FEI Number****65-0955606****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****DRESDEN BRYAN**  
2106 DREW ST SUITE #103CLEARWATER  
33765

FL

**7. Name and Address of New Registered Agent****Name****DRESDEN BRYAN****Street Address (P.O. Box Number is Not Acceptable)**

2106 DREW ST SUITE #103

City  
CLEARWATER

FL

Zip Code  
33765

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 \_\_\_\_\_ **04/24/2001**

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, 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 **D** ☐ Delete  
NAME **SHELDON STUART**  
STREET ADDRESS **120 TEXAS**  
CITY-ST-ZIP **SAN FRANCISCO CA 94107**TITLE **D** ☐ Delete  
NAME **DRESDEN SCOTT C**  
STREET ADDRESS **222 MAMARONECK AVE.,NO.211**  
CITY-ST-ZIP **WHITE PLAINES NY 10605**TITLE **D** ☐ Delete  
NAME **MENSH BRETT**  
STREET ADDRESS **500 WEST 43RD. ST.,APT.25G**  
CITY-ST-ZIP **NEW YORK NY 10036**TITLE **D** ☐ Delete  
NAME **DRESDEN BRYAN**  
STREET ADDRESS **8855 COLLINS AVE.,NO.1204**  
CITY-ST-ZIP **SURFSIDE FL 33154**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition  
NAME **DRESDEN BRYAN**  
STREET ADDRESS **2106 DREW STREET #103**  
CITY-ST-ZIP **CLEARWATER FL 33765**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 like empowered.

**SIGNATURE:** Bryan Dresden

D

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)