2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$45046** 1. Entity Name FOREFRONT DIRECT, INC. Mailing Address Principal Place of Business 25400 US HWY 19 25400 US HWY 19 N. SUITE 285 SUITE 285 CLEARWATER FL 33763-2154 CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

PLANTATION FL 33324

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

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TITLE NAME

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS CITY-ST-7IF

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

1200 SOUTH PINE ISLAND ROAD

9. This corporation is eligible to satisfy its Intangible

PRIEST, GREGORY M

900 CHESAPEAKE DR.

ROEMER, ELIZABETH

900, CHESAPEAKE DR

900 CHESAPEAKE DR

MURPHY, ERIC

REDWOOD CITY CA 94063

REDWOOD CITY CA 94063

REDWOOD CITY CA 94063

Tax filing requirement and elects to do so.

(See criteria on back)

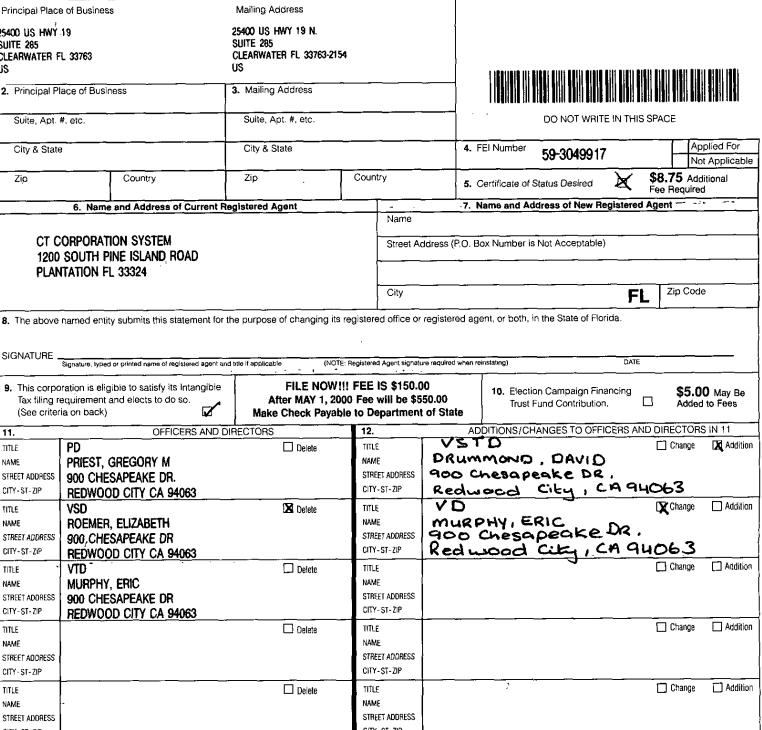
VSD

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

OFFICERS AND DIRECTORS

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90045 048 ***158.75



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 faccurate 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 outrustee 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 addres

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

Delete

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12.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

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NAME STREET ADDRESS

TITLE

TITLE

NAME

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition