

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90082 001 \*\*\*150.00

<b>DOCUMENT #</b> H75052				DO NOT WRITE IN THIS SPACE	
1. Entity Name The Box Worldwide, Inc.					
Principal Place of Business 9197 S Peoria Street Englewood, CO 80112		Mailing Address PO Box 5630 Denver, CO 80217			
2. Principal Place of Business 9197 S Peoria Street		3. Mailing Address PO Box 5630			
Suite, Apt. #, etc. Attn: Liberty Tax Dept		Suite, Apt. #, etc. Attn: Liberty Tax Dept			
City & State Englewood, CO		City & State Denver, CO		4. FEI Number 59-2605267	
Zip 80112		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent The Prentice-Hall Corporation System, Inc. 1201 Hays Street Tallahassee, FL 32301		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>			<b>FILE NOW!!! FEES \$1000</b> <b>APRIL 1, 2000 Fee Will Be \$650.00</b> <b>Make Checks Payable to Department of State</b>		
			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Robert R. Bennett	NAME			
STREET ADDRESS	9197 S Peoria Street	STREET ADDRESS			
CITY - ST - ZIP	Englewood, CO 80112	CITY - ST - ZIP			
TITLE	President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Lee Masters	NAME			
STREET ADDRESS	9197 S Peoria Street	STREET ADDRESS			
CITY - ST - ZIP	Englewood, CO 80112	CITY - ST - ZIP			
TITLE	Vice President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Gary Blaylock	NAME			
STREET ADDRESS	9197 S Peoria Street	STREET ADDRESS			
CITY - ST - ZIP	Englewood, CO 80112	CITY - ST - ZIP			
TITLE	Assistant Secretary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Vivian J. Carr	NAME			
STREET ADDRESS	9197 S Peoria Street	STREET ADDRESS			
CITY - ST - ZIP	Englewood, CO 80112	CITY - ST - ZIP			
TITLE	Assistant Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	David JA Flowers	NAME			
STREET ADDRESS	9197 S Peoria Street	STREET ADDRESS			
CITY - ST - ZIP	Englewood, CO 80112	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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:		Gary Blaylock - Vice President		720-875-5500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E034 (9/99)