

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90330 013 ***150.00

0655734 AT

DOCUMENT # H75052



1. Entity Name
THE BOX WORLDWIDE, INC.

Principal Place of Business
12300 LIBERTY BLVD
ENGLEWOOD CO 80112
US

Mailing Address
12300 LIBERTY BLVD
ENGLEWOOD CO 80112
US

11030438



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2605267**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENNETT, ROBERT R	
STREET ADDRESS	12300 LIBERTY BLVD	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	S	<input type="checkbox"/> Delete
NAME	TANABE, CHARLES Y	
STREET ADDRESS	12300 LIBERTY BLVD	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLOWERS, DAVID	
STREET ADDRESS	12300 LIBERTY BLVD	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLAYLOCK, GARY	
STREET ADDRESS	12300 LIBERTY BLVD	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALONE, JOHN C	
STREET ADDRESS	12300 LIBERTY BLVD	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, GARY S	
STREET ADDRESS	12300 LIBERTY BLVD	
CITY-ST-ZIP	ENGLEWOOD CO 80112	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Gary Blaylock 4/17/03 720-875-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)