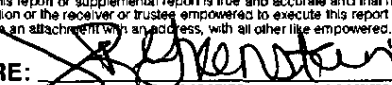


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90221 008 ***150.00

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

80066793

DOCUMENT # P96000033213		
1. Entity Name 811 DIRECT, INC.		
Principal Place of Business 101 S 8TH STREET PHILADELPHIA, PA 19106 US		Mailing Address 107 S 8TH ST PHILADELPHIA, PA 19106 US
2. Principal Place of Business		3. Mailing Address 106 S. 7th St.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Philadelphia, PA
Zip	Country	Zip 19106 Country USA
4. FEI Number 65-0679171		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COMEN, FRED 2716 NE 9TH ST HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name COHEN, FRED 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering) DATE		
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 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 NAME STREET ADDRESS CITY-ST-ZIP	P GREENSTERN, ROBERT 3660 SPRING RUN ROAD HUNTINGDON VALLEY, PA 19006 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP GREENSTEIN, ROBERT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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:  3/27/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

CR2E034 (10/02)