

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003552

1. Entity Name

AXON - CRR PUBLISHING, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90067 034 ***150.00

Principal Place of Business

Mailing Address

747 DRESHER ROAD
 HORSHAM PA 19044

747 DRESHER ROAD
 HORSHAM PA 19044-2247

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

360 Hiatt Drive

Suite, Apt. #, etc.

360 Hiatt Drive

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

Zip

33418

Country

USA

4. FEI Number

23-2532160

Applied For

Not Applicable

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

KAHN, KENNETH

360 HIATT DR

PALM BEACH GARDENS FL 33418

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PCD
 KAHN, KENNETH
 360 HIATT DR
 PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 J. Todd Lutz
 360 Hiatt Drive
 Palm Beach Gardens, FL 33418 ☐ 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
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Kenneth Kahn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth kahn

4/28/00

Date

(561) 622-6520

Daytime Phone #

CR2E034 (9/99)