

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90264 009 ***150.00

DOCUMENT # F94000003552

1. Entity Name

~~AXON GRP PUBLISHING, INC.~~
LRP Publications, Inc.

N/C 12/14/00 (TM) ✓

Principal Place of Business

747 DRESHER ROAD
 HORSHAM PA 19044

Mailing Address

747 DRESHER ROAD
 HORSHAM PA 19044

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, 2001 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 **PCD** ☐ Delete
 NAME **KAHN, KENNETH**
 STREET ADDRESS **360 HIATT DR**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01

Date

(561) 622-6520

Daytime Phone #

CR2E034 (10/00)