

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90203 011 ****61.25

DOCUMENT # N48890

1. Entity Name

TERRA INCOGNITO PUBLISHING CORPORATION

Principal Place of Business

Mailing Address

625 N.E. 1ST STREET. #1
 GAINESVILLE FL 32601
 US

625 N.E. 1ST STREET. #1
 GAINESVILLE FL 32601
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 13374

PO Box 13374

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville, FL

Gainesville, FL

4. FEI Number

59-3132760

Applied For

Not Applicable

Zip 32604

Country US

Zip 32601

Country US

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

WHITWORTH, COLIN
 1024 NW 13TH AVE
 GAINESVILLE FL 32601

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME WHITWORTH, COLIN Delete
 STREET ADDRESS 1024 N.W. 13TH AVE
 CITY-ST-ZIP GAINESVILLE FL 32601

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD
 NAME JACKSON, KRISTINA Delete
 STREET ADDRESS 1024 NW 13TH AVE
 CITY-ST-ZIP GAINESVILLE FL 32601

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME RODRIGUEZ, J N Delete
 STREET ADDRESS 702 N.W. 22ND AVE
 CITY-ST-ZIP GAINESVILLE FL 32609

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-4-02 353-377-5374

CR2E037 (9/01)