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

Mailing Address

TAMPA FL 33612

3. Mailing Address

City & State

Suite, Apt. #, etc.

P01000030884 DOCUMENT

TAMPA FL 33612

Principal Place of Business

10546 NORTH FLORIDA AVENUE

2. Principal Place of Business

Suite, Apt. #, etc.

HOPE, LINDA G

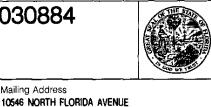
TAMPA FL 33612

10546 NORTH FLORIDA AVENUE

City & State

Zip

PENNY SAVER WEEKLY NEWS, INC.



May 05, 2003 8:00 am § Secretary of State

05-05-2003 90278 038 ***158.75

| <u> </u> | ☐ CHECK HERE IF MAKING CI | HANGES |
|-------------|---|----------------------------|
| | 4. FEI Number 59-3711391 | Applied For |
| | 39-37 [139] | Not Applicable |
| , | 5. Certificate of Status Desired \$8 | 3.75 Additional e Required |
| | 7. Name and Address of New Registered Age | ent |
| Name | | AT CAP C |
| Street Addr | ess (P.O. Box Number is Not Acceptable) | |

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 (NOTE: Registered Agent signature required when reinstating) d the if applicable

Country

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

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition ☐ Delete HOPE, LINDA G NAME NAME STREET ADDRESS 10546 NORTH FLORIDA AVENUE STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition HOPE, LINDA B NAME NAME STREET ADDRESS STREET ADDRESS 10546 NORTH FLORIDA AVENUE CITY-ST-ZIP TAMPA FL 33612 CITY-ST-ZIP TITLE Change Addition Delete · TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #