

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90737 019 ***150.00

DOCUMENT # P01000061964
1. Entity Name MAGAZINE PUBLISHERS OF FLORIDA, INC.

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B0123381

2. Principal Place of Business <u>12788 W. FOREST HILL BLVD.</u>		3. Mailing Address <u>SAME</u>	
Suite, Apt. #, etc. <u>SUITE 1003</u>		Suite, Apt. #, etc.	
City & State <u>WELLINGTON, FL</u>		City & State	
Zip <u>33414</u>	Country <u>USA</u>	Zip	Country
4. FEI Number <u>46-0477907</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name ROBERT R. MORRIS
Street Address (P.O. Box Number is Not Acceptable)
685 ROYAL PALM BEACH BLVD.
City ROYAL PALM BEACH FL Zip Code 33411

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 ROBERT R. MORRIS - ATTY DATE 5-22-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT BARRY MANNING 1004 ISLAND MANOR DR. W. PALM BEACH, FL 33413</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY JOSHUA I. MANNING 1004 ISLAND MANOR DR. W. PALM BEACH, FL 33413</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 5-22-02 Daytime Phone # 561-793-7606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)