

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91476 044 \*\*\*150.00

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

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*12788 W. FOREST HILL BLVD.*  
Suite, Apt. #, etc. *SUITE 1003*  
City & State *WELLINGTON, FL*  
Zip *33414* Country *USA*

3. Mailing Address  
*SAME*  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number *46-0477907* Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT BARRY MANNING 1004 ISLAND MANOR DR. W. PALM BEACH, FL 33413</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SECRETARY JOSHUA I. MANNING 1004 ISLAND MANOR DR. W. PALM BEACH, FL 33413</i>	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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry Manning* Date *4/24/03* Daytime Phone # *561-793-7606*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)