2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
02-25-2002 90054 037 ***158.75

DOCUMENT # P95000043458

1. Entity Name
OSBORNE COMMUNICATIONS, INC.

Principal Place of Business
~~10991-55 SAN JOSE BLVD.~~
JACKSONVILLE FL 32223

Mailing Address
~~10991-55 SAN JOSE BLVD.~~
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 11735 MANDARIN FOREST DRIVE
Suite, Apt. #, etc.:
City & State: JACKSONVILLE FL
Zip: 32223 Country: USA

3. Mailing Address: 11111-70 SAN JOSE BLVD
Suite, Apt. #, etc.: #295
City & State: JACKSONVILLE FL
Zip: 32223 Country: USA

4. FEI Number 59-3321367 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
OSBORNE, MICHAEL S
~~10991-55 SAN JOSE BLVD.~~
~~JACKSONVILLE FL 32223~~

7. Name and Address of New Registered Agent
Name: MICHAEL S. OSBORNE
Street Address (P.O. Box Number is Not Acceptable): 11735 MANDARIN FOREST DRIVE
City: JACKSONVILLE FL Zip Code: 32223

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: MICHAEL S. OSBORNE [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, 2002 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OSBORNE, MICHAEL S	NAME	
STREET ADDRESS	~~10991-55 SAN JOSE BLVD.~~ 11111-70 SAN JOSE BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223 #295	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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] Feb 12 2002 904 260 0037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #