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

P98000034767 DOCUMENT

1. Entity Name

PASSPORT PUBLICATIONS & MEDIA CORPORATION

Country

6. Name and Address of Current Registered Agent



Principal Place of Business 2161 PALM BEACH LAKES BLVD SUITE 310 WEST PALM BEACH FL 33409

2. Principal Place of Business

KIRSCHNER, ROBERT S

WEST PALM BEACH FL 33405

235 BELMONTE-RD

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

2161 PALM BEACH LAKES BLVD SUITE 310

Country

Street A

City

WEST PALM BEACH FL 33409

)	60007643	
CHECK HERE IF MAKING CHANGES		
	4. FEI Number 65-0827435	Applied For Not Applicable
	Fee.B	5 Additional lequired
7. Name and Address of New Registered Agent		
KODERT S.C. KIRSCHWER Address (P.O. Box Number is Not Acceptable) PASS PORT Publications & Moder Corporati		
2161 Paum Bench Lakes Blud, Surte 310		
r registered agent, or both, in the State of Florida. I am familiar with, and accept		
CARTHEGE KIRSOLNER JAN-10-2003		
ure required when reinstating) DATE		
	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
	Ch	ange
	☐ Cha	ange 🔲 Addition 📗
<u></u> .	<u> </u>	
	□ Cha	nge 🗌 Addition

FILED

Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90100 041 ***150 00

8. The above named entity submits this statement for the purpose of changing its registered office or registered a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. Α TULE ☐ Delete TITLE KIRSCHNER, ROBERT NAME NAME 2161 PALM BEACH LAKES BLVD SUITE 310 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 (561)615-3900

SIGNATURE: I

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

DRITHAGE KIRSCHWER JAN-10-2003

CR2E034 (10/02)