

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90148 047 \*\*\*150.00

**DOCUMENT # P99000070501**

1. Entity Name  
**CAMPUS CHRONICLE, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>1266 S PINELLAS AVE<br>TARPON SPRINGS FL 34689 | Mailing Address<br>1266 S PINELLAS AVE<br>TARPON SPRINGS FL 34689 |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip Country  | Zip Country  |

4. FEI Number **65-0951311**

|                |
|----------------|
| Applied For    |
| Not Applicable |

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**COHEN, AMY G**  
**1266 S PINELLAS AVE**  
**TARPON SPRINGS FL 34689**

**7. Name and Address of New Registered Agent**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b> Zip Code                           |

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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**

| 11. OFFICERS AND DIRECTORS |                         | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |      |
|----------------------------|-------------------------|---|------|
| TITLE                      | NAME                    | TITLE   | NAME |
| PS                         | COHEN, AMY G            |   |      |
|                            | 1266 S PINELLAS AVE     |   |      |
|                            | TARPON SPRINGS FL 34689 |   |      |
|                            |                         |   |      |
|                            |                         |   |      |
|                            |                         |   |      |
|                            |                         |   |      |
|                            |                         |   |      |
|                            |                         |   |      |
|                            |                         |   |      |

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: *Amy Cohen* Date: *01/10/01* Daytime Phone #: *(727) 817-1707*

CR2E034 (10/00)