

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

DS48081 AV

DOCUMENT # P99000070501

1. Entity Name
CAMPUS CHRONICLE, INC.

05-09-2002 90068 016 ***150.00

Principal Place of Business 1266 S. PINELLAS AVE TARPON SPRINGS FL 34689	Mailing Address 1266 S PINELLAS AVE TARPON SPRINGS FL 34689
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 121 E Lime street Suite, Apt. #, etc.	3. Mailing Address 121 E Lime Street Suite, Apt. #, etc.
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City & State Tarpon Springs, FL	City & State Tarpon Springs FL	4. FEI Number 65-0951311	Applied For <input type="checkbox"/> Not Applicable
Zip 34689	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 Amy G Cohen Street Address (P.O. Box Number is Not Acceptable) 7136 Little Road City New Port Richey FL Zip Code 34654
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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 Amy Cohen
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS COHEN, AMY G 1266 S PINELLAS AVE TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Cohen, Amy G 7136 Little Road New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Eleanore Geier 121 E Lime Street Tarpon Springs, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Eleanore Geier 121 E Lime Street Tarpon Springs, FL 34689 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eleanore Geier **4/23/02** 727-987-6887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)