

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90002 045 \*\*\*150.00

**DOCUMENT # S68216**

1. Entity Name  
**EDITORIAL CARIBE, INC.**

Principal Place of Business <b>9300 SOUTH DADELAND BOULEVARD          SUITE 203          MIAMI FL 33245-4489          US</b>	Mailing Address <b>PO BOX 141000          NASHVILLE TN 37214-1000</b>
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00040100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>501 NELSON PLACE</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>NASHVILLE, TN</b>	City & State

4. FEI Number <b>65-0281091</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>37204</b>	Country <b>U.S.A.</b>	Zip	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ (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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MOORE, SAM 501 NELSON PLACE NASHVILLE TN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD POWERS, JOE L 501 NELSON PLACE NASHVILLE TN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HEYDEN, ERIC D 501 NELSON PL NASHVILLE TN 37214</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOORE, CHARLES Z 501 NELSON PLACE NASHVILLE TN 37214</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S. JOSEPH MOORE          501 NELSON PLACE          NASHVILLE, TN 37214</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Joe L. Powers **JOE L. POWERS,**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SECRETARY / TRS.** Date **3/20/00** Daytime Phone # **(615) 889-9000**

CR2E034 (19/99)