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

**DOCUMENT#** 1. Entity Name

P98000012756 THE PUBLISHING GROUP, INC.

**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90343 040 \*\*\*150.00

2. Principal Place of Business   3. Mailing Address   Suite, April 7, etc.   Suite, April 7, etc.   Suite, April 7, etc.   CHECK HERE IF MAKING CHANGES   Applied For Technology   Church 5 State   Check HERE IF MAKING CHANGES   Applied For Technology   Church 5 State   Church 5 State   State 5	1751 NE 162 ST NORTH MIAMI BEACH FL 33162		1751 NE 162 ST NORTH MIAMI BEACH FL 33162		ļ					
City & State  Country  City  S. Certificate of Status Desired  Solditional Fee Required  Solditional Fee Required  For Required  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  The salow- named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida.  FLE NOWILL FILE NOWILL	2. Principal Place of Business		3. Mailing Address				<b>       </b>			
Zip Country Zip Country S. Certificate of Status Dealed   \$8.75 Additional Fee Required Agent To Name and Address of Current Registered Agent To Name and Address of New Registered Agent To Name and Address (PO Both In the State of Ronds In th	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Desired   Fee Required	City & State		City & State		4.	4. FEI Number 65-0823747		<del></del>		
Name	Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.	75 Add Require	itional	
ELEVINE, MONA 1751 INE 162ND STREET , MIAMI FL 33162  City FL   Zip Code  City FL   Zi		6. Name and Address of Current	Registered Agent							
1751 NE 162ND STREET   MIAMI FL 3162   City   FL   Zip Code   City   City   FL   Zip Code   City   City   FL   Zip Code   City   City   City   FL   Zip Code   City   City   City   FL   Zip Code   City   Ci	And the second s			- Nan	Name					
ITST INE 162ND STREET , MIAMIF FL 33162  P. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature included agent agent is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Signature included agent included agent and title / agents age	LEVINE, N	MONA		Street Address (PO			) Ray Number is Not Acceptable)			
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symath   Application of registered agent and title if applicable.   (NOTE Registered Agent Egnaturis required when refreadance)   DATE	1751 NE	162ND STREET		0,,,,						
The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   S	, MIAMI FL	33162 ÷								
SIGNATURE   Signature, typed or primed raine of registered agent and rice if applicable   NATE Registered Apent signature required when refressings)   DATE				City			FL	Zip Code	)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheek Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS	the obligations of registered agent.									
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12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: