

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91799 038 \*\*\*150.00

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                 |                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000005705</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                |                                                                                                                                                   |
| 1. Entity Name<br><b>THE PUBLISHING PLACE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                                                                                 |                                                                                                                                                   |
| Principal Place of Business<br>7153 JAVA DRIVE<br>SARASOTA, FL 34241 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | Mailing Address<br>7153 JAVA DRIVE<br>SARASOTA, FL 34241 US                                                     |                                                                                                                                                   |
| 2. Principal Place of Business<br><i>7032 Brentford Rd</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | 3. Mailing Address<br><i>7032 Brentford Rd</i>                                                                  |                                                                                                                                                   |
| City & State<br><i>Sarasota FL</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | City & State<br><i>Sarasota FL</i>                                                                              |                                                                                                                                                   |
| Zip<br><i>34241</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | Zip<br><i>34241</i>                                                                                             |                                                                                                                                                   |
| Country<br><i>US</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | Country<br><i>US</i>                                                                                            |                                                                                                                                                   |
| 4. FEI Number<br><b>65-0805481</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                                                 |                                                                                                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                 |                                                                                                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>SMITH, KENNETH<br/>3016 SILK OAK DRIVE<br/>SARASOTA, FL 34232</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | 7. Name and Address of New Registered Agent                                                                     |                                                                                                                                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | Name                                                                                                            |                                                                                                                                                   |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | Street Address (P.O. Box Number is Not Acceptable)                                                              |                                                                                                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | City                                                                                                            |                                                                                                                                                   |
| Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                                                 |                                                                                                                                                   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when submitting)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                                                                                                 |                                                                                                                                                   |
| FILE NOW! FEE IS \$150.00<br>After May 4, 2003 fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>SMITH, MELINDA A<br>3015 SILK OAK DRIVE<br>SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | President<br>Kenneth Smith<br>7032 Brentford Rd<br>Sarasota FL 34241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>SMITH, KENNETH<br>3015 SILK OAK DRIVE<br>SARASOTA, FL 34232 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| 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: <i>Kenneth Smith</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               | Date: <i>4-29-03</i> Phone: <i>941-377-2255</i>                                                                 |                                                                                                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | Date Daytime Phone                                                                                              |                                                                                                                                                   |

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☐ CHECK HERE IF MAKING CHANGES

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