2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: A

Feb 04, 2002 8:00 am DOCUMENT # 479741 **Secretary of State** 1. Entity Name 02-04-2002 90256 016 ***150.00 THE NEWS STAND, INC. Principal Place of Business Mailing Address 5429 FRUITVILLE RD 738 EAGLE RIDGE DR LAKE WALE FL 33853 SARASOTA FL 34232 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1611814 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAMBRECHT, WILLIAM G ESQ Street Address (P.O. Box Number is Not Acceptable) WILLIAMS PARKER HARRISON DIETZ & GETZEN 1550 RINGLING BOULEVARD **SARASOTA FL 34230-3258** Zip Code City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) Change ☐ Addition ☐ Delete TITLE TITLE RUSSELL, JON T NAME NAME CR2E034 750 N TAMIAMI TRAIL SUITE 1208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Change ☐ Addition SD TITLE ☐ Delete TITLE RUSSELL, KATHERINE V NAME NAME STREET ADDRESS STREET ADDRESS 750 n tamiami trail suite 1208 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Delete TITLE ☐ Chanoe ☐ Addition TITLE NAME NAME RUSSELL: MARK A---STREET ADDRESS 244 RUBY LAKE LANE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.