2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 524478 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** CUMBERLAND PUBLICATIONS, INC. 03-03-2000 90025 015 ***150.00 Principal Place of Business Mailing Address 1322 SE THIRD AVE PO BOX 453 FT LAUDERDALE FL 33316 **TIERRA CEIA FL 34250-0453** しじひんなんさし 3. Mailing Address P.O. BOX 449 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1716658 CEIA, FL TIERRA Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PURDY, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1322 SE 3TH AVE FT LAUDERDALE FL 33316 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE Change TITLE PURDY, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 1322 SE 3RD AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 **VPS** ☐ Addition Change TITLE □ Delete TITLE PURDY, ELIZABETH A NAME NAME STREET ADDRESS STREET ADDRESS 1746 LAGO VISTA BLVD CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE: SIGNATURE Date Days of PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Days of Proper #

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