FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am Secretary of State **DOCUMENT # 765353** 1. Entity Name -FLORIDA PRESS CLUB, INC. 02-25-2002 90079 022 ****61.25 Principal Place of Business Mailing Address MALM BEACH POST 2751 S DIXIE 2757 SO DIXIE HWY WEST PALM BEACH FL 33405 W PALM BCH FL 33405 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 NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KEEFER, CHARLES 2751 S. DIXIE HWY. WEST PALM BEACH FL 33405 City Zip Code 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. FILES (NOTE: Registered Agent signature required when reinstating) DATE Ç 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition NAME BALLET, FRED NAME STREET ADDRESS 10791 PINE ISLAND DRIVE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition D NAME AZMITIN, ROBERT NAME Azmitia, Robert 3391 SW 20TH CT STREET ADDRESS STREET ADDRESS 3391.SW-20th Ct. CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP Fort Lauderdale, FL 33312 TITLE Delete TITLE ■ Addition NAME KEEFER, CHARLES NAME STREET ADDRESS 2751 S DIXIE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP Bellet, Fred TITLE ☐ Delete TITLE Change ☐ Addition 10791 Pine Island Drive NAME QUINN, SHARON NAME Spring Hill, FL 34607 STREET ADDRESS P O BOX490 STREET ADDRESS CITY-ST-ZIP OCALA FL 34478 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 617, 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:

Teb11, 200Z

561-820-4409