## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F00000002862

**FILED** Dec 03, 2007 Secretary of State

Entity Name: USAPUBS.COM, INC **Current Principal Place of Business: New Principal Place of Business:** 16120 US 19 N. CLEARWATER, FL 33764 **Current Mailing Address: New Mailing Address:** 16120 U.S. 19 NORTH LEGAL DEPT., SUITE 200 CLEARWATER, FL 33764 FEI Number: 36-4303858 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GASSETT, CHRISTOPHER 16120 US 19 N. CLEARWATER, FL 33764 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CAPITO, J M Name: Name: 16120 US 19 N. Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: BLUMENTHAL, DANIEL H Name: STEIN, AVY ONE NORTH WACKER DR, STE 4800 ONE NORTH WACKER DR, STE 4800 Address: Address: CHICAGO, IL 60606 CHICAGO, IL 60606 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition BEYER, JEFF Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: J. MICHAEL CAPITO S 12/03/2007

ONE NORTH WACKER DR., STE. 4800

() Delete

414 N. ORLEANS ST., SUITE 320

CHICAGO, IL 60606

MOSCOW, DAVID H

CHICAGO, IL 60610

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition