## 2003 FOR PROFIT CORPORATION ÜNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

2. Principal Place of Business

Suite, Apt. #, etc.

Suite 501

Destin, FL

City & State

32541

Zip

36008 Emerald Coast, Pkwy.

3 54

Country

F01000001036

3. Mailing Address

City & State

Destin, FL

Zip

32541

Suite, Apt. #, etc. Suite 501

36008 Emerald Coast Pkwy.

1. Entity Name



FREEDOM INTERACTIVE NEV	WSPAPERS OF FLORIDA, IN	C.
Principal Place of Business	Mailing Address 17666 FITCH	1
IRVINE CA 92614	IRVINE CA 92614	





4. FEI Number 59-3694133	Applied For						
39 3094 133	Not Applicable						
5. Certificate of Status Desired   \$8.75 Additional Fee Required							
7. Name and Address of New Registered Agent							
O. Box Number is Not Acceptable)							

NRAI SERVICES, INC. 526°E. PARK AVENUE TALLAHASSEE FL 32301

Name					
Street Address (P.O. Box Number is Not Acceptable)					
City	FL	Zip Code			

Trust Fund Contribution.

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.

Country

USA

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Checi	Payable to Florida Department of State	•					
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTZ, SUE 5016 GULF DRIVE, #5 PANAMA CITY BEACH FL 32408	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, 17666 F IRVINE	THOMAS E. ITCH CA 92614	☐ Change	<b>★</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KUYKENDALL, DAVID L 17666 FITCH IRVINE CA 92614	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17666 F	JONATHAN FITCH CA 92614	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLACE, RICHARD A 17666 FITCH IRVINE CA 92614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17666 F	NANCY S. PITCH CA 92614	☐ Change	X Addition
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	AT NORTON, JOANNE 17666 FITCH IRVINE CA 92614	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NORTON, 17666 F	JOANNE	<b>∑</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARTZOFF, KATHERINE 17666 FITCH IRVINE CA 92614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUYKENDALL, DAVID L 17666 FITCH IRVINE CA 92614	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 distance in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like propowered.

SIGNATURE:

3-26-03

949-253-2300

Daytime Phone #