2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F0200000052 DOCUMENT

1. Entity Name

FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90318 006 ***150.00

CLIDESI	DALE PU	BLISHING, INC.										
Principal Plac 10305 U.S. O SEBASTIAN F	INE	ş	1030	ng Address 5 U.S. ONE ASTIAN FL 32958		- 200 WE		, i i	nijaa ini aana man aani aan			1 4 880 1884 1 88 4
2. Principal F	Place of Busin	ness	3. Ma	iling Address								
Suite, Apt.	. #, etc.		Suit	e, Apt. #, etc.	·				CHECK HERE I	IF MAKING (CHANGES	3
City & State			City	City & State				4. FEI Number 31-1744893				pplied For ot Applicable
· Zip		Country	Zip		Coun	try		5. Certifica	ate of Status Desired		8.75 Ad ee Require	
	6. Name	and Address of Curr	ent Register	ed Agent				7. Name a	nd Address of New Re	egistered Aç	jent	
						Name			-			
KLEKAMP	, DIANNE N	A				Ctro-t A-	deces /D	O Boy No	nber is Not Acceptable)			
10305 U.S					Street Address			O. Box Nun	nber is inot Acceptable;)		
	AN FL 3295	R										
OLUMOTIA	11116 0200	U							Avenue		T= -	
						City 1	Winte	r Park		FL	Zip Coc 3278	de 39
8. The above	named entity	y submits this statemer	nt for the purp	ose of changing its	registere	ed office or	registered	d agent, or	ooth, in the State of Flor	rida. 1 am fai		
the obligat	tions of regist	ered agent.	′ .∫	0 11	_							
CIONATURE	skar	10 MX Cola	me VII	Bearlow.	1)10	nn M	Klastr	2n0		428	٥3	
SIGNATURE .	Signature, typed	or printed name of registered as	gent and title if app	olicable. (NOTE	. Registered	d Agent signatur	re required w	hen reinstating)		DATE		
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								9.	Election Campaign Fina	ancing	\$5.0	00 May Be
AILE	r mav 1. Zul	13 Fee will be \$550.6	00	1								
)3 Fee will be \$550. Florida Departmen							Trust Fund Contribution			d to Fees
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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 607, 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: