

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90230 044 \*\*\*158.75

DOCUMENT # F02000004754

1. Entity Name  
SOURCE INTERLINK COMPANIES, INC.



Principal Place of Business  
~~TWO CITY PLACE DRIVE SUITE 380~~  
~~ST. LOUIS MO 63141~~  
27500 Riverview Center Blvd.  
Bonita Springs, FL 34134

Mailing Address  
~~TWO CITY PLACE DRIVE SUITE 380~~  
~~ST. LOUIS MO 63141~~  
Same as principal



2. Principal Place of Business  
27500 Riverview Center Blvd.  
Suite, Apt. #, etc.  
400

3. Mailing Address  
27500 Riverview Center Blvd.  
Suite, Apt. #, etc.  
400

City & State  
Bonita Springs, FL

City & State  
Bonita Springs, FL

Zip  
34134

Country  
USA

4. FEI Number 43-1710906

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO & D FLEGEL, S. LESLIE TWO CITY PLACE DRIVE, SUITE 380 ST. LOUIS MO 63141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEGEL, S. LESLIE TWO CITY PLACE DRIVE, SUITE 380 ST. LOUIS MO 63141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLIS, JAMES R TWO CITY PLACE DRIVE, SUITE 380 ST. LOUIS MO 63141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCEO RODGERS, W. BRIAN TWO CITY PLACE DRIVE, SUITE 380 ST. LOUIS MO 63141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLEGEL, JASON S TWO CITY PLACE DRIVE, SUITE 380 ST. LOUIS MO 63141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BISHOP, FRANK TWO CITY PLACE DRIVE, SUITE 380 ST. LOUIS MO 63141	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	27500 Riverview Center Blvd. Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert O Aders Same address as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same address as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO Fierman, Marc 27500 Riverview Center Blvd. Ste. 400 Bonita Springs FL 34134	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same address as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Monte Wiener Same address as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marc Fierman, CFO 4/15/03 (239) 949-4450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)