## 2003 FOR PROFIT CORPORATION

## **FILED** Jan 21, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** F94000001079 DOCUMENT # 01-21-2003 90151 039 \*\*\*150.00 1. Entity Name SIGNATURE GLOBAL PUBLICATIONS, INC. Principal Place of Business Mailing Address 2758 W. ATLANTIC BLVD. 2758 W. ATLANTIC BLVD. SHITE 12 SUITE 12 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 700 IN. ATLANTIC BLUD CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0458879 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... -CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-0000 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 Ithe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE MANBY, GORDON A NAME NAME 2758 W. ATLANTIC BLVD. STE. 12 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-7IP CITY-ST-7IP TITLE **VP** ☐ Delete TITLE □ Change ☐ Addition NAME STEDMAN, ALEX NAME STREET ADDRESS 2758 W. ATLANTIC BLVD. STE 12 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME RUBINSTEIN, RUTH NAME STREET ADDRESS 2758 W. ATLANTIC BLVD., STE. 12 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 trustee empowered to execute this report as required by Chanter 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP