

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90171 035 \*\*\*150.00

DOCUMENT # F94000002882

1. Corporation Name

FREEDOM MAGAZINES INTERNATIONAL, INC.

Principal Place of Business

17666 FITCH  
IRVINE CA 91624-6022

Mailing Address

17666 FITCH  
IRVINE CA 91624-6022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1994

4. FEI Number

33-0616804

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 92614-6022 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 92614-6022 30 Country

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE COB  
NAME ROSSE, JAMES N  
STREET ADDRESS 17666 FITCH  
CITY-ST-ZIP IRVINE CA

TITLE P  
NAME ROBERTS, LYNN H  
STREET ADDRESS 200 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33131

TITLE V  
NAME KUYKENDALL, DAVID L  
STREET ADDRESS 17666 FITCH  
CITY-ST-ZIP IRVINE CA

TITLE S  
NAME WALLACE, RICHARD A  
STREET ADDRESS 17666 FITCH  
CITY-ST-ZIP IRVINE CA

TITLE D  
NAME HARDIE, DOUGLAS R  
STREET ADDRESS 1135 EAST VAN BUREN  
CITY-ST-ZIP BROWNSVILLE TX 78251

TITLE D  
NAME HARDIE, ROBERT C  
STREET ADDRESS 1530 ELLIS LAKE DRIVE  
CITY-ST-ZIP MARYSVILLE CA 95918

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 92614

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 92614

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 92614

5.1 TITLE V ☐ Change ☒ Addition  
5.2 NAME Wolgemuth, Samuel C  
5.3 STREET ADDRESS 17666 Fitch  
5.4 CITY-ST-ZIP Irvine CA 92614

6.1 TITLE V ☐ Change ☒ Addition  
6.2 NAME Whitton, Jeffrey M  
6.3 STREET ADDRESS 17666 Fitch  
6.4 CITY-ST-ZIP Irvine CA 92614

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Richard A. Wallace, Secretary 4/20/1999 (949) 553-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0553578