**DOCUMENT #** 

F9400002882

1. Entity Name

FREEDOM MAGAZINES INTERNATIONAL, INC.

**FILED** May 03, 2002 8:00 am & Secretary of State ,

05-03-2002 90019 002 \*\*\*150.00

Principal Plac	ce of Business -	Mailing Address					
95 MERRICK	WAY	17666 FITCH					
Suite 600		IRVINE CA 92614-6022	IRVINE CA 92614-6022				
CORAL GABL	LES FL 33134				1 1891/86 1116 18111 BIBLI BB111 46111 BB	 	IB1 IB118 1181 1881
	_						
2. Principal P	Place of Business	3. Mailing Address	Mailing Address			ill dalii ofila ileelia	
	•	95:Merrick	95:Merrick Way				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
	<del>.</del>	Suite 600	Suite 600				
City,& State	e ,	City & State		4.	FEI Number	Į.	Applied For
		Coral Gable	s, Flori	da	33-0616804		Not Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	38.75 A	
İ	e	33134	USA			Fee Hequii	red
	6. Name and Address of Currer	it Registered Agent		7.	Name and Address of New Regist	tered Agent	
			Name	Jose B	lorda		ŀ
nrai sef	RVICES, INC.		Street Address (P.O. Box Number is Not Acceptable)				
526 EAS1	t park avenue		95		Merrick Way		
	SSEE FL 32301			Suite	600		* •
						<b>₽</b> ₽ 1 7in Co	
	City	City Coral Gables FL Zip Code 33134					
8. The above	named entity submits this statement	for the purpose of changing its	registered office or	registered ag	gent, or both, in the State of Florida.		7-
1100					,		
SIGNATURE / ODE BONCLE - JOSE BONDA - TREDSUREN DINGERON- 4-18-02							
SIGNATURE <b>\</b>	Signature, typed or printed name of registered age	<del>-</del>	: Registered Agent signatu			DATE	
A T-1-		EII E NOWII	! FEE IS \$150.0	30	1		-
or this surprise to suitely its thingsiste			2 Fee will be \$550.00		10. Election Campaign Financir		<b>00</b> May Be
•	ria on back)	Make Check Payab			Trust Fund Contribution.	لــا Adde	ed to Fees
11.7	OFFICERS AN		12.		<u> </u> DDITIONS/CHANGES TO OFFICER	S AND DIRECTO	DC IN 11
~		D DIRECTORS Delete	TITLE	PD	DDITIONS/CHANGES TO OFFICER		
TITLE NAME	CD	-tir Delete	NAME		ina Crow		<b>≭</b> Addition
STREET ADDRESS	WOLGEMUTH, SAMUEL C		STREET ADDRESS	95 Merrick Way, Suite 600			
CITY-ST-ZIP	IRVINE CA 92614		CITY-ST-ZIP		Coral Gables, FL 33134		
		XX Delete		TD	1 dabies, 15 331		
TITLE NAME	D	A Delete	TITLE NAME		Borda	Change	<b>X</b> Addition
STREET ADDRESS	UNGARO, COLIN	100	STREET ADDRESS			- č00	
CITY-ST-ZIP	156 W 56TH STREET 3RD FLO	JUR	CITY-ST-ZIP		errick Way, Suit		}
	NEW YORK NY 10019	** *****		SD'	<u>l Gables, FL 331</u>		VIVI Addition 2
TITLE	D	Delete Delete	TITLE		ool 7all	☐ Change	XX Addition
NAME STREET ADDRESS	KUYKENDALL, DAVID L		NAME STREET ADDRESS		ael Zellner		1.
CITY-ST-ZIP	17666 FITCH		CITY-ST-ZIP		errick Way, Suit		
	IRVINE CA 92614	X1-34		Cora	l Gables, FL 331		A 4422
TITLE	S	Delete	TITLE			☐ Change	☐ Addition
NAME	WALLACE, RICHARD A		NAME STREET ADDRESS				
STREET ADDRESS . CITY-ST-ZIP	17666 FITCH		CITY-ST-ZIP				
	IRVINE CA 92614		-				
TITLE	T	<b>×</b> ⊠ Delete	TITLE			☐ Change	☐ Addition
NAME	CARLSON, EVELYN		NAME				
STREET ADDRESS	17666 FITCH		STREET ADDRESS				
CITY-ST-ZIP	IRVINE CA 92614		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				ļ
CITY-ST-ZIP			CITY-ST-ZIP				
	certify that the information supplied wi	all and the following in the contract of the c		11.0	AND ORGANIA PROMISE OF A SECURITION AND ADDRESS OF A SECURITION ADDRESS OF	225 41 4 41	

Thereby dering that the information supplied with this finiting does not quality for the exemption stated in Section 119.07(3)(1), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**