2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE AND TYP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 06, 2002 8:00 am Secretary of State DOCUMENT # F97000001157 1. Entity Name 05-06-2002 90138 006 ***150.00 SENTINEL COMMUNICATIONS NEWS VENTURES, INC. Principal Place of Business Mailing Address 633 NORTH ORANGE AVENUE 435 N MICHIGAN ORLANDO FL 32801-1349 **STE 600** CHICAGO IL 60611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4132027 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORTATION SERVICE SCO Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST** TALLAHASSEE FL 32301 City Zip Code FL 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 AS TITLE X Addition ☐ Delete TITLE Change WALTZ, KATHLEEN P HIANIK, MARK W. NAME NAME **633 NORTH ORANGE AVENUE** 435 N. MICHIGAN AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL 32801 CITY-ST-ZIP CHICAGO, IL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAILE JR, L J NAME STREET ADDRESS 633 NORTH ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME KENNEY, CRANE NAME STREET ADDRESS **633 NORTH ORANGE AVENUE** STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

MARK W. HIANIK

4/25/2002

312-222-4303

Daytime Phone #

FILED