2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State
06-04-2001 90019 009 ****70.00

DOCUMENT # F99000002214

1. Entity Name

Magazine Network Ltd. Corp.

Principal Place of Business	Mailing Address
1470 NW 107th Ave. Suite H. Miami Fl. 33172	P.O. Box 520636 Miami Fl. 33152
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

00057542

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-5542987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Roberta Cheshier
14524 SW. 143 pl.
Miami, Fl. 33186

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.

SIGNATURE [signature] Roberta Cheshier 5/31/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete
P.S. Jeanne F. Rose 14524 SW. 143 Pl. Miami Fl 33186		☑
VP. T. Roberta Cheshier 14524 SW. 143 Pl. Miami Fl 33186		☐
		☐
		☐
		☐
		☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
President. Yvonne R. Divine, 14524 SW. 143 pl. Miami Fl. 33186	☑	☐
Secretary Jeanne F. Roos 14524 SW. 143 pl. Miami Fl. 33186	☑	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CR2E037 (11/00)

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 617, 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: [signature] Roberta Cheshier (Vice Pres) 5/31/01 305 629-9694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #