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2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secretary of State F99000006293 DOCUMENT # 07-16-2002 90351 032 ***150.00 IM PRESS, INC. Principal Place of Business Mailing Address 3220 RIVER VILLA WAY PO-BOX 372884 SATELLITE BEACH FL 32937 MELBOURNE BEACH FL 32951 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 54-1694234 Not Applicable Zip Country Zip 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 SULLIVAN, MONTENE S Street Address (P.O. Box Number is Not Acceptable) 307 TRINIDAD DRIVE SATELLITE BEACH FL 32937 City 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE ☐ Delete Change ☐ Addition SCANLON, CHARLES F NAME NAME STREET ADDRESS 3220 RIVER VILLA WAY # 160 STREET ADDRESS SATELLITE BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SCANLON, BARBARA J NAME 8036 OAK HOLLOW LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP FAIRFAX STATION VA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCONLON, KELLIE L NAME 8036 OAK HOLLOW LANE STREET ADDRESS STREET ADDRESS **FAIRFAX STATION VA** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **NEIL. ASHLYN** NAME 8036 OAK HOLLOW LANE STREET ADDRESS STREET ADDRESS **FAIRFAX STATION VA** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

of the corporation or the rece changed, or on an attachmen

13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true of the corporation or the receiver of trusted empower

ces not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director xecute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 if

attachment

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Secretary of State Katherine Harris

DIVISION OF CORPORATIONS
P.O. Box 6327 Fallahassee, Florida 32314

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