2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # H88336** 1. Entity Name PENGUIN PRESS CORPORATION 01-19-2000 90113 022 ***150.00 Principal Place of Business Mailing Address % DANIEL MARKEY MCLAUGHLIN % DANIEL MARKEY MCLAUGHLIN 322 S FEDERAL HWY 322 S FEDERAL HWY KINGUUUK DANIA FL 33004 DANIA FL 33004-0745 3. Mailing Address 2. Principal Place of Business DANTA BCH & 33004 P.O. BOX 745 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2619372 DANIA BEACH, FL. Not Applicable vs A \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCLAUGHLIN DANIEL والاعتاق بنسارا Street Address (P.O. Box Number is Not Acceptate MCLAUGHLIN, DANIEL MARKEY 322 S FEDERAL HWY DANIA FL 33004 Zip Code 7302 mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above n SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MCLAUGHLIN, DANIEL M. Change PD TITLE TITLE ☐ Delete MCLAUGHLIN, DANIEL M. NAME NAME 322 S FEDERAL HWY STREET ADDRESS STREET ADDRESS Hollywood, FL. 3302/ CITY-ST-ZIP DANIA FL CITY-ST-ZIP Addition ☐ Defete TITLE TITLE , MCLAUGHLIN, PATRICIA MCLAUGHLIN, PATRICIA NAME NAME 1901 N 51 AV. 322 S FEDERAL HWY STREET ADDRESS STREET ADDRESS HOLLYWOOD, FC. 33021 CITY-ST-ZIP CITY-ST-7IP DANIA FL ☐ Delete TITLE NAME ~~ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 lirue and accurate morthat 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.