2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # H93005** 1. Entity Name BARGAIN FINDER MAGAZINE, INC. 04-26-2001 90029 004 ***150.00 Principal Place of Business Mailing Address 13825 US 19 P. O. BOX 5593 SUITE 301 HUDSON FL 34674-5593 HUDSON FL 34667 US 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 59-2645436 Not Applicable 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 **ERIC BRANCH** Street Address (P.O. Box Number is Not Acceptable) 13825 U.S. 19, STE.301 **HUDSON FL 34667** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 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, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE Change ☐ Addition BRANCH, ERIC NAME NAME 13825 U.S. 19, STE. 301 STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP **HUDSON FL** CITY-ST-ZIP SD THE Delete TITLE Change ☐ Addition BRANCH, CARON A. NAME NAME STREET ADDRESS 13825 U.S. 19, STE.301 SCREET ADDRESS. CITY-ST-ZIP **HUDSON FL** CITY-ST-ZIP TITLE Delete HHE Change ☐ Addition NAME NAME STREET ADDRESS STREET AGORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILLE ☐ Change Addition NAME NAM5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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.

C:TY-ST-7IP

STREET ADDRESS

C:TY-SY-712

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

ERICA, BRANCH 4/20/01

Change

Addition