FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 18, 2001 8:00 am **DOCUMENT # K40721** Secretary of State 1. Entity Name WINTER PARK PUBLISHING COMPANY, INC. 01-18-2001 90025 020 ***150.00 Principal Place of Business Mailing Address C/O GERHARD J W MUNSTER C/O GERHARD J W MUNSTER 609 EXECUTIVE DRIVE 609 EXECUTIVE DRIVE WINTER PARK FL 32789 WINTER PARK FL 32789 20.80 609 Executive dr. 2. Principal Place of Business 609 Executive Drive DO NOT WRITE IN THIS SPACE Applied For City & State Winter Park City & State 4. FEI Number 59-2915821 Pauk FL Not Applicable Zig 2789 Country 57 \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Munster, Gerhaud J.W. MUNSTER, GERHARD J.W. 609 EXECUTIVE DRIVE WINTER PARK FL 32789 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Change ☐ Delete TITLE TITLE NAME NAME MUNSTER, GERHARD J.W. STREET ADDRESS STREET ADDRESS 4301 ENRIGHT COURT CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 poort 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or to changed, or on an attachment with ith all other like empowered

RINTED NAME OF SIGNING OFFICER OR DIRECTOR