2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 2002 8:00 am Secretary of State M30359 DOCUMENT # 1. Entity Name FLORIDA MARINE BUSINESS JOURNAL, INC. 05-15-2002 90170 021 ***150.00 Mailing Address Principal Place of Business 330 NO ANDEREWS AVE 330 NO ANDEREWS AVE FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2666539 Not Applicable Country \$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 PENZER, MARK Street Address (P.O. Box Number is Not Acceptable) 1840 W. 49TH ST SUITE 510 HIALEAH FL 33012 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE Allen, SR, George. ALLEN, GEORGE NAME NAME 330 NO ANDREWS STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition D۷ TITLE Delete TITLE ALLEN, RICHARD J. NAME NAME 330 N ANDREWS AVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP Addition □ Delete .__ Change TITLE TITLE ZUBIZARETTA, ALLEN NAME 330 N ANDREWS AVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED