2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 25, 2002 8:00 am **DOCUMENT # N33162** Secretary of State 1. Entity Name 02-25-2002 90081 007 ****61.25 FLORIDA NEWSPAPER ADVERTISING NETWORK, INC. Principal Place of Business Mailing Address 633 N. ORANGE AVE. 633 N. ORANGE AVE. MAILPOINT 52 104 MAILPOINT # 104 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0136810 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BERRY, ROBERT A 633 N. ORANGE AVE. MAILPOINT 52 Zip Code ORLANDO FL 32801 FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CHAIRMAN Thange ☐ Addition TITLE ☐ Delete TITLE BRUCE FAULMAN 202 S. PARKER AVE PAULMAN, BRUCE NAME NAME STREET ADDRESS STREET ADDRESS 202 S PARKER AVE CITY-ST-ZIP CITY-ST-7/P TAMPA FL 33606 TOMBO, FL 33606 ☐ Change Addition SD ☐ Delete TITLE TITLE JAY WEIMAR GALANOS, SALLY NAME VICE CHATRIPADA NAME STREET ADDRESS ONE RIVERSDE AVE STREET ADDRESS 2121 SW 19TH AXE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 SACHSONUTULE Addition ☐ Change TITLE CD ☐ Delete TITLE TREASUCE BARRY HASRDEN 633 N. DEANGE AND REEVES, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 490 FIRST AVE SOUTH CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33701 nalarido, Fi Change Addition TITLE □ Delete TITLE SULRUTORN NAME NAME STEVE SUHMIDT STREET ADDRESS STREET ADDRESS 300 W. LIME STREET CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appears with all other like empowered.

2-6-02 407-420-6//2
Date Daytime Phone #

FILED