

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90137 018 \*\*\*\*61.25

**DOCUMENT #**

N39897

1. Entity Name

AMERICAN VETERAN NEWSPAPER, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7329 Collins Ave

3. Mailing Address

7329 Collins

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL 33141

City & State

Miami Beach, FL 33141

4. FEI Number

65-0238022

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Ms. Laura Tyson

Street Address (P.O. Box Number is Not Acceptable)

930 N.W. 84th Terrace

Miami

City

FL

Zip Code

33150

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-03

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD

Stephen P. Smith

7435 Byron Ave

Miami Beach, FL 33141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VDP

Rusty Burmester

1065 W. Lomita Blvd

Harbor City, CA 90745

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD

Laura Tyson

930 N.W. 84th Terrace

Miami, FL 33150

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

3-01-03

3-869-41327

CR2E0376 (12/02)