# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 23, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# N96000003198

**Entity Name:** RUSSIAN RESOURCES PRESS, INC.

**Current Principal Place of Business:**

1500 EAST JOHNSON AVENUE
STE 123
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

1500 EAST JOHNSON AVENUE
STE 123
PENSACOLA, FL 32514

**New Mailing Address:**

**FEI Number: 59-3423966** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BASKIN, GEORGE W
1500 EAST JOHNSON AVENUE
STE 123
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | DP | ( ) Delete |
| Name: | BASKIN, GEORGE | |
| Address: | 1500 E. JOHNSON AVE. #123 | |
| City-St-Zip: | PENSACOLA, FL 32514 | |
| Title: | D | ( ) Delete |
| Name: | ELLIOTT, MARK DR | |
| Address: | SAMFORD UNIVERSITY | |
| City-St-Zip: | BIRMINGHAM, AL 35229 | |
| Title: | DVP | ( ) Delete |
| Name: | FEW, JIMMIE | |
| Address: | 8370 TWIN LAKES DR | |
| City-St-Zip: | MOBILE, AL 36695 | |
| Title: | D | ( ) Delete |
| Name: | LABRANCHE, MARK | |
| Address: | 1785 TAYLOR ROAD | |
| City-St-Zip: | MONTGOMERY, AL 36124 | |
| Title: | D | ( ) Delete |
| Name: | MORRIS, R LARRY | |
| Address: | 4045 CONNELL DR | |
| City-St-Zip: | PENSACOLA, FL 32503 | |
| Title: | DST | ( ) Delete |
| Name: | TURNER, ROBERT | |
| Address: | 2290 DUPONT | |
| City-St-Zip: | PENSACOLA, FL 32503 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ABRAHAM D 03/23/2002
Electronic Signature of Signing Officer or Director — Date