

Amended

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000005509

1. Entity Name

THE VANGUARD CHRONICLE NETWORK

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1900 W. COMMERCIAL BLVD

3. Mailing Address

3800P SAME

Suite, Apt. #, etc.

STE. 3

Suite, Apt. #, etc.

SAME

City & State

FT. LAUD., FL

City & State

SAME

4. FEI Number

22-3849440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

JAMES YOUNG

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

13841 STATE RD 84

Bldg. 12, A Ste. 308

City

DAVIE, FL

Zip Code

33312

**DO NOT WRITE  
IN THIS SPACE**

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

JAMES YOUNG

Signature, must be printed name of registered agent and the date of signature

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐

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

**11. OFFICERS AND DIRECTORS**

TITLE	<u>PRESIDENT</u>
NAME	<u>JAMES YOUNG</u>
STREET ADDRESS	<u>1900 W. COMMERCIAL BLVD</u>
CITY- ST- ZIP	<u>FT. LAUD., FL 33309</u>
TITLE	<u>VICE PRESIDENT OF OPERATIONS</u>
NAME	<u>ANNE CHUANG</u>
STREET ADDRESS	<u>1900 W COMMERCIAL BLVD.</u>
CITY- ST- ZIP	<u>FT. LAUD., FL 33309</u>
TITLE	<u>V.P. SALES &amp; MARKETING</u>
NAME	<u>JOHN NEVIN</u>
STREET ADDRESS	<u>1900 W COMMERCIAL BLVD.</u>
CITY- ST- ZIP	<u>FT. LAUD., FL 33309</u>
TITLE	<u>FINANCIAL OFFICER</u>
NAME	<u>RASHED BABITH</u>
STREET ADDRESS	<u>1900 W. COMMERCIAL BLVD.</u>
CITY- ST- ZIP	<u>FT. LAUD., FL 33309</u>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES YOUNG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)