

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90303 018 \*\*\*150.00

DOCUMENT # P00000006010

1. Entity Name  
PARADIGM PUBLISHING, INC.



Principal Place of Business  
3145 HERDON LAKE DRIVE  
KISSIMMEE FL 34741

Mailing Address  
3145 HERDON LAKE DRIVE  
KISSIMMEE FL 34741

3145-D HERON LAKE DRIVE

3145-D HERON LAKE DRIVE

2. Principal Place of Business

3. Mailing Address

3145 HERON LAKE DRIVE

3145 HERON LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE D

SUITE D

City & State

City & State

KISSIMMEE, FL

KISSIMMEE FL

Zip

Zip

Country

Country

34741

34741

USA

USA

4. FEI Number 59-3616880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMRUK, ANDREW J  
717 EAST OAK ST.  
KISSIMMEE FL 34744

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS  
NAME HENRY, BRANDI  
STREET ADDRESS 3145-D HERON LAKE DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PTD  
NAME HENRY, NICK  
STREET ADDRESS 3145-D HERON LAKE DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

407-873-8722

Daytime Phone #

CR2E034 (10/02)