2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED May 24, 2002 8:00 am Secretary of State DOCUMENT # P00000008573 1. Entity Name 05-24-2002 90560 004 ***150 00 SOAP OPERA OF BREVARD, INC. Principal Place of Business Mailing Address 253 VIA HAVARRE 253 VIA HAVARRE MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address 4500 S. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #9 City & State City & State 4. FEI Number Applied For 59-3623854 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired <u>329 05</u> BREVARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENDSKI TERESA SHEEHAN, TERESA L Street Address (P.O. Box Number is Not Acceptable) 3940 S. TROPICAL TRAIL **MERRITT ISLAND FL 32952** 253 VIA HAVARRE "MERRIT ISLAND 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. (NOTE: Registered Agent signature required when reinstating) DATE . 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. П (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME SHEEHAN, TERESA L WINOSKI, TERESA L NAME STREET ADDRESS **253 VIA HAVARRE** STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE. Change ☐ Addition و ما سيسجو ه ما يا يايان يا NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 12 if

SIGNATURE: X Date Daytime Phone #