

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90017 043 \*\*\*158.75

DOCUMENT #		P00000022114	
1. Entity Name TME PUBLISHING, INC.			
Principal Place of Business P O BOX 350621 JACKSONVILLE FL 32235-0621		Mailing Address P O BOX 350621 JACKSONVILLE FL 32235-0621	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
ENDERS, TISHIA 9849 BRADLEY ROAD JACKSONVILLE FL 32246		Name	
		Street Address (	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENDERS, TISHIA 9849 BRADLEY RD JACKSONVILLE FL 32246	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec indicated on this report or supplemental report is true and accurate and that my signature shall have the s of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

**SIGNATURE:**