

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED May 28, 2002 8:00 am Secretary of State

04-15-2002 90067 005 ***150.00

DOCUMENT # P0000022497

1. Entity Name

BIG AL DOWNING PUBLISHING CO.

Principal Place of Business

4675 PONCE DE LEON BLVD., SUITE 305 CORAL GABLES FL 33146

Mailing Address

4675 PONCE DE LEON BLVD., SUITE 305 CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE 65-1088842 APPLIED FOR

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINSON, LOUIS JR. 4675 PONCE DE LEON BLVD., SUITE 305 CORAL GABLES FL 33146

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PO DOWNING, ALEXANDER [Delete] STREET ADDRESS 65 WATSON STREET CITY-ST-ZIP LEICESTER MA 01524

TITLE [Change] [Addition] NAME STREET ADDRESS CITY-ST-ZIP

TITLE VPD SIMMONS, RICHARD E [Delete] STREET ADDRESS 333 WEST CAMINO GRDNS BLVD #201 BOCA RATON FL-33432

TITLE [Change] [Addition] NAME STREET ADDRESS CITY-ST-ZIP

TITLE STD BUTERS, JOSEPH [Delete] STREET ADDRESS 649 SW WHITMORE DRIVE PORT SAINT LUCIE FL 34984

TITLE [Change] [Addition] NAME STREET ADDRESS CITY-ST-ZIP

TITLE AS STINSON, LOUIS JR [Delete] STREET ADDRESS 4675 PONCE DE LEON BLVD STE 305 CORAL GABLES FL 33146

TITLE [Change] [Addition] NAME STREET ADDRESS CITY-ST-ZIP

TITLE D DOWNING, BEVERLY A [Delete] STREET ADDRESS 65 WATSON STREET LEICESTER MA 01524

TITLE [Change] [Addition] NAME STREET ADDRESS CITY-ST-ZIP

TITLE D SIMMONS, CAROLYN R [Delete] STREET ADDRESS 333 WEST CAMINO GRDNS BLVD #201 BOCA RATON FL 33432

TITLE [Change] [Addition] 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 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...

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)