

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90184 013 \*\*\*150.00

UNIFORM UBR

**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  
**2199 Ponce de Leon Blvd**

3. Mailing Address  
**2199 Ponce de Leon Blvd**

Suite, Apt. #, etc.  
**301**

CHECK HERE IF MAKING CHANGES

City & State  
**CORAL GABLES FLA**

City & State  
**CORAL GABLES FLA**

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

4. FEI Number **65-1088842** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**STINSON, LOUIS JR.  
4675 PONCE DE LEON BLVD., SUITE 305  
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name  
**STEWART AGENT SERVICES**

Street Address (P.O. Box Number is Not Acceptable)  
**2199 Ponce de Leon Blvd**

**Suite 301**

City  
**CORAL GABLES FL** Zip Code  
**33134**

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  **MANAGER** DATE **3/24/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DOWNING, ALEXANDER 65 WATSON STREET LEICESTER MA 01524</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SIMMONS, RICHARD E 333 WEST CAMINO GRDNS BLVD #201 BOCA RATON FL 33432</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD BUTERS, JOSEPH 649 SW WHITMORE DRIVE PORT SAINT LUCIE FL 34984</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS STINSON, LOUIS JR 4675 PONCE DE LEON BLVD STE 305 CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOWNING, BEVERLY A 65 WATSON STREET LEICESTER MA 01524</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SIMMONS, CAROLYN R 333 WEST CAMINO GRDNS BLVD #201 BOCA RATON FL 33432</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3/24/03** DAYTIME PHONE # **305-444-8807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)