2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State
05-16-2003 90182 009 ***150.00

DOCUMENT # P00000046816

1. Entity Name
MADINAH PUBLISHERS AND DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
9549 TRULOCK CT.	9549 TRULOCK CT.
ORLANDO, FL 32817	ORLANDO, FL 32817

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
7600 Bent Bow Tr,		PO Box 677854	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Winter Park, FL		City & State: Orlando, FL	
Zip: 32792	Country: USA	Zip: 32817	Country: USA

4. FEI Number: 59-3651339 ☐ Applied For ☐ Not Applicable

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
ABUALRUB, JALAL	Name
9549 TRULOCK CT.	Street Address (P.O. Box Number Is Not Acceptable)
ORLANDO, FL 32817	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 Jalal Abualrub 407 679 1711 23 April 03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABUALRUB, JALAL 9549 TRULOCK CT. ORLANDO, FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Jalal Abualrub 4-23-03 407 679 1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #