## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 07, 2001 08:00 AM DOCUMENT # P0000060629 Entity Name **Secretary of State** STARFISH PUBLISHING COMPANY Principal Place of Business Mailing Address 911 SMITH BAY DR 911 SMITH BAY DR BRANDON FL BRANDON FL 33510 33510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARRINO ANTHONY 9887 4TH ST N., STE 200 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL33702 US 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. 09/07/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition EHRINGER MAME MARK NAME 911 SMITH BAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33510 CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME EHRINGER THERESA NAME STREET ADDRESS 911 SMITH BAY DR STREET ADDRESS CITY-ST-ZIP BRANDON FL 33510 CITY-ST-ZIP Delete TITLE X Change ☐ Addition HANYOK CYNTHIA CYNTHIA NAME EHRINGER STREET ADDRESS 911 SMITH BAY DR STREET ADDRESS 911 SMITH BAY DR CITY-ST-ZIP BRANDON 33510 CITY-ST-ZIP BRANDON 33510 FL. ☐ Delete TITLE Change ☐ Addition EHRINGER JON NICHOLAS NAME STREET ADDRESS 911 SMITH BAY DR STREET ADDRESS CITY-ST-ZIP BRANDON FL 33510 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK EHRINGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/07/2001

Date

Daytime Phone #

CR2E034 (11/00)