

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90049 018 ***150.00

DOCUMENT # P00000065548

1. Entity Name
MAGAZINE SERVICES OF AMERICA, INC.



Principal Place of Business
6043 KIMBERLY BOULEVARD
SUITE J
NORTH LAUDERDALE FL 33068

Mailing Address
6043 KIMBERLY BOULEVARD
SUITE J
NORTH LAUDERDALE FL 33068

300006133



2. Principal Place of Business
5609 N.W. 84th Terr.
Suite, Apt. #, etc.

3. Mailing Address
5609 N.W. 84th Terr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tamarac, FL
Zip
33351
Country

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Tamarac, FL
Zip
33351
Country

4. FEI Number 65-1023326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NELMS, CHRISTOPHER
6043 KIMBERLY BOULEVARD
SUITE J
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5609 N.W. 84th Terr.

City Tamarac, FL Zip Code 33351

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

(NOTE: Registered Agent signature required when reinstating)

1/16/03
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

TITLE D
NAME NELMS, CHRISTOPHER
STREET ADDRESS 6043 KIMBERLY BLVD, SUITE J
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5609 N.W. 84th Terr.
CITY-ST-ZIP Tamarac, FL 33351 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/03

Daytime Phone #

CR2E034 (10/02)