2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90312 035 ***150.00

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DOCUMENT # P00000074100

1. Entity Name
OSCEOLA STAR NEWSPAPER INC.

Principal Place of Business	Mailing Address
3501 W. VINE STREET SUITE 324 KISSIMMEE FL 34741-4648	3501 W. VINE STREET SUITE 324 KISSIMMEE FL 34741-4648

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
220 E MONUMENT AVE		220 E MONUMENT AVE	
Suite, Apt. #, etc.: C		Suite, Apt. #, etc.: C	
City & State: KISSIMMEE		City & State: KISSIMMEE	
Zip: FLORIDA	Country: OSCEOLA	Zip: FLORIDA	Country: OSCEOLA

4. FEI Number: 59-3666436 ☐ 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
HANSEN, YOLANDA ~~3501 W. VINE STREET~~ SUITE 324 KISSIMMEE FL 34741-4648	Name: HANSEN YOLANDA Street Address (P.O. Box Number is Not Acceptable): 220 E MONUMENT AVE SUIT C City: KISSIMMEE FL Zip Code: 34741

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] YOLANDA HANSEN — DATE: 4-24-2001
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSEN, GUILLERMO 3501 W. VINE STREET KISSIMMEE FL 34741-4648 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSEN GUILLERMO 220 E MONUMENT AVE SUIT C KISSIMMEE FL. 34741 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] G. HANSEN — Date: 4-24-2001 — Daytime Phone #: 407-933-0174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR