2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90832 034 ***150.00

DOCUMENT # P00000074100

1. Entity Name
OSCEOLA STAR NEWSPAPER INC.

Principal Place of Business	Mailing Address
220 E MONUMENT AVENUE C KISSIMMEE FL 34741	220 E MONUMENT AVENUE C KISSIMMEE FL 34741-4648

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
220 E MONUMENT AVE	
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.:
City & State: KISSIMMEE FL	City & State:
Zip: 34741 Country: OSCEOLA	Zip: Country:

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

HANSEN, YOLANDA
220 E MONUMENT AVENUE
SUITE C
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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: YOLANDA HANSEN DATE: 2-14-2003
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	D	☐ Delete
NAME	HANSEN, GUILLERMO	
STREET ADDRESS	220 E MONUMENT AVENUE SUITE C	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: SIGNATURE REQUIRED Date: 2-14 2003 Daytime Phone #: 407 933 0174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR