2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business  Substances  S	DOCUMENT # P0000091356  1. Entity Name SUBSCRIPTION GROUP INC.								S	ecr	etar	y of	8:00 f <b>Stat</b> ***158.75	æ
LIMAN FL 20166  LIMAN FL 20166  LIMAN FL 20166  See: Apr. 4, etc.  City & State  Applied For /  F	Principal Place of Business Mailing Address						-							
Suite, Apt. 4, 600.  City 6 State  City 6 State  A FER INVESTIGATION SUITE IN THE STATE ACCURRENCE SUITE IN THE STATE OF Incidence of Statuta Desired State Desired	•						!							
Suller, Apt. 6, 60 C.									(LIHHHT)		H IKUR LINU K		HADA CULUTA	
City 6. Stato  City 6. Contribute of Statuta Desired  Fig. [Specified]			ness	3. Mailing Address									MINHAM	
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Adjourner  \$	Suite, Apt. #, etc.			Suite, Apt. #, etc.				05-1043 05 /-						
E. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  7. Name and Address of Status Desired  8. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Name  8. Seed Address (P.O. Box Number is Not Acceptable)  8. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. Signature Byour United in animal state of imperiors agent on the purpose of changing its registered agent, or both, in the State of Florida.  8. Signature Byour United in animal state of imperiors agent on the purpose of changing its registered agent, or both, in the State of Florida.  8. Signature Byour United in animal state of imperiors agent on the information and imperiors agent on the information and imperiors agent on the information and imperiors and imperiors agent on the imperiors and imperiors and imperiors agent on the imperiors and imperiors agent on the imperiors and imperiors agent on the imperiors and imperiors and imperiors agent on the imperiors and imperiors agent on the imperiors and imperiors agent on the imperiors and imperiors and imperiors agent on the imperiors and imper	City & State			City & State				4. FEI Num	ber					
Size Address of Current Registered Agent  MEDINA, RAUL, JR.  8605 NMY ATH AVENUE MAHI FL 33168  8. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Signature Tools to seattly as interguishe purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Description of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Description of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Description of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Description of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Description of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Description of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Description of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Description of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Description of the purpose of changing its registered agent, or both, in the State of Florida.  DATE Note of the State of Florida.  SIGNATURE Description of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE Description of the purpose of changing its registered agent, or both, in the State of Florida.  DATE NOTE of the State of Florida its or state of Flor	Zip		Country	Zip	Cour	ntry	7			Desired	- 2	\$8.75	oditional	
MEDINA, RAUL JR. 6805 NW 74TH AVENUE MANAI FL 33186    City   FL   Zip Code		6. Name	and Address of Current Re	gistered Agent				7. Name an	d Address	of New F	legistered			_
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 Florids.    Signature 1766 or printed name or registered agent and a set in printed set in the state of Florids.	660	5 NW 74TH	AVENUE				dress (F	O. Box Num	ber is Not A	Acceptable	θ)	-		
SIGNATURE    Symmetry Typed or protect norm of repositional agent and like if apolicable.   (NOTE Registered Agent acquitate intentioning)   DATE						City	-				FL	Zip Co	ode	
TITLE NAME NAME NAME NAME NAME NAME NAME NAME	9. This corporate filling in	Signature, typed pration is elig requirement (	or printed name of registered agent and t ible to satisfy its Intangible and elects to do so.	FILE NOW!! After MAY 1, 20(	: Registere	d Agent signature IS \$150.00 Will be \$550	required s	other reinstating)	ection Can	npaign Fin	DATE ancing			_
MEDINA, RAUL JR.  4881 RW 93 DORAL CT.  GITY-ST-2P  MAMIF L 33178  Delete  MAMIF L 33178  D			OFFICERS AND DIF		_			ADDITIONS	/CHANGE	S TO OFF	ICERS AND			1
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TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS 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 emseate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 If SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE	TITLE NAME ISTREET ADDRESS			☐ Deleta	TITLE NAME STREE	T ADDRESS	_					☐ Change	☐ Addition	1
NAME STREET ADDRESS 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 is 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. The all the risks empowered.  SIGNATURE:  SIGNATUR	NAME STREET ADDRESS			Oelete	TITLE NAME STREE	T ADDRESS	·					☐ Change	☐ Addition	:
of the corporation or the receiver or trustee empowered is 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, and the empowered.  SIGNATURE:  SIG	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREE CITY-	ST-ZIP				·		_ ·		
SAGRATURE AND TYPED ON PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR  Date  Date  Description  Date  Description  Descriptio	of the corp changed,	poration or the or on an attac	or supplies the first the supplies the suppl	ed to execute this report at all ther like empowered.	s require	ire snair nave ed by Chapte		ne legal effec forida Statute	et as it mad es; and that		ath; that I ar appears in	Block 11 c	r or director or Block 12 (f	