2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098726

Title:

Name:

Address: City-St-Zip: HEDGES, BURKE

2823 BULLARD DR

CLEARWATER, FL 33702

FILED Jan 08, 2008 Secretary of State

Entity Name: INTI PUBLISHING, INC. **Current Principal Place of Business: New Principal Place of Business:** 6704 BENJAMIN ROAD STE 500 TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** 6704 BENJAMIN ROAD STE 500 TAMPA, FL 33634 FEI Number: 59-3692424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, GAIL L SCHANNE, ANNE L 6704 BENJAMIN ROAD STE 500 6704 BENJAMIN ROAD STE 500 TAMPA, FL 33634 TAMPA, FL 33634 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: ANNE L. SCHANNE 01/08/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GLOVER, KATHERINE Name: Name: 4120 CULBREATH RD Address: Address: City-St-Zip: BROOKSVILLE, FL 34602 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PRICE. STEVE Name: 10427 ORANGE GROVE DR Address: Address: TAMPA, FL 33618 City-St-Zip: City-St-Zip: () Delete

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: M. KATHERINE GLOVER **PRES** 01/08/2008

() Change () Addition