

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90306 008 ***150.00

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

DOCUMENT # P00000102657 1. Entity Name PUBLISHMYNEWS.COM, INC.															
Principal Place of Business 393-S TAMiami TR, STE-283 VENICE, FL 34285		Mailing Address 393-S TAMiami TR, STE-283 VENICE, FL 34285													
2. Principal Place of Business SOS VELASQUEZ DR Suite, Apt. #, etc.		3. Mailing Address PO BOX 550 Suite, Apt. #, etc.													
City & State OSPREY FL		City & State OSPREY FL													
Zip 34229		Zip 34229													
Country USA		Country USA													
4. FEI Number 65-1053790		Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required													
6. Name and Address of Current Registered Agent ROBENALT, JOHN F 393-S TAMiami TR, STE-283 VENICE, FL 34285		7. Name and Address of New Registered Agent Name SOS VELASQUEZ DR Street Address (P.O. Box Number is Not Acceptable) City OSPREY FL													
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: (Signature, print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting))		DATE: 4/28/03													
FILE NOW! FEE IS \$160.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees													
10. OFFICERS AND DIRECTORS															
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11															
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (10/02)