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FILED

Jan 08, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000107495 **Secretary of State** 1. Entity Name 01-08-2002 90020 040 ***150.00 AXION PUBLISHERS, INC. Principal Place of Business Mailing Address 731 KIRKMAN RD 731 KIRKMAN RD ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3680241 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRE6 CIOLA CIOLA, THOMAS 731 KIRKMAN RD 731 KIRKMAN ORLANDO FL 32811 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) PRESIDENT TITLE ☐ Change TITLE Delete CIOLA GREGORY CIOLA, THOMAS NAME NAME 731 KIRKMAN BOAD CR2E034 STREET ADDRESS 731 KIRKMAN RD STREET ADDRESS ORLANDO FL 32811 ORLANDO, FC. 32811 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT Addition Delete TITLE ☐ Change TITLE NAME CIOLA, MARCIA NAME 731 KIRKMAN ROAD STREET ADDRESS 731 KIRKMAN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 OALANDO, FL. LEAH JONTZIUS SECKETARY TREASURER 731 KIRKMAN RD ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKLANDO, FL. 3281 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE