

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

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90413 028 ***150.00

DOCUMENT #
1. Entity Name *HLN Publishing*
P000001087602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8004 Mayo Del Campo
Suite, Apt. #, etc. *Apt 204/C*
City & State *TAMPA FL*
Zip *33321* Country *USA*

3. Mailing Address
PO Box 26533
Suite, Apt. #, etc.
City & State *TAMPA FL*
Zip *33321* Country *USA*

DO NOT WRITE IN THIS SPACE

4. FEI Number *651064373*
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *IRWIN ANNE*
Street Address (P.O. Box Number is Not Acceptable) *8004 Mayo Del Campo*
City *TAMPA* FL Zip Code *33321*

9. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>PRESIDENT IRWIN ANNE 8004 Mayo Del Campo TAMPA FL 33321</i>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *IRWIN ANNE* 6/2/02