FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2002 8:00 am Secretary of State DOCUMENT # P01000000932 1. Entity Name 01-29-2002 90073 050 ***150.00 BLACK-TIE PUBLISHING, INC. Mailing Address Principal Place of Business 10131 NW 14TH STREET 10131 NW 14TH STREET PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FELLER, RONALD Street Address (P.O. Box Number is Not Acceptable) 10131 NW 14TH STREET PLANTATION FL 33322 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Change ☐ Addition TITLE □ Delete NAME NAME **FELLER, RONALD** STREET ADDRESS 10131 NW 14TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33322** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME FELLER, NANCY STREET ADDRESS STREET ADDRESS 10131 NW 14TH STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITI F TITLE ☐ Defete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

changed, or on an attachment with

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELLER

Paris 1/14/02 472.