

# 2002 UNIFORM BUSINESS REPORT (UBR)

004673 AV

FILED

02 APR 30 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000008287

1. Entity Name  
A VOICE: DISTRIBUTION, DESIGNER AND PUBLISHING CORPORATION

Principal Place of Business

Mailing Address

1336 LOLA DR  
TALLAHASSEE FL 32301

P.O. BOX 5124  
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

1222 Lucy Street  
Suite, Apt. #, etc.

P.O. BOX 5124  
Suite, Apt. #, etc.

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip Country  
32308 Leon

Zip Country  
32301 Leon

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCE BURNS, ESTHER  
1336 LOLA DR  
TALLAHASSEE FL 32301

Name Esther France Burns  
Street Address (P.O. Box Number is Not Acceptable)  
1222 Lucy Street  
City Tallahassee FL Zip Code 32308

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 *Esther France Burns*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE April 29, 2002

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO  
NAME FRANCE BURNS, ESTHER  
STREET ADDRESS 1336 LOLA DR  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME BURNS SLATON, JOHNNIE M  
STREET ADDRESS 1336 LOLA DR  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Esther France Burns* Esther France Burns  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/29/02 (858) 942-2246

CR2E034 (9/01)