

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90068 036 \*\*\*150.00

**DOCUMENT #** P01000022026

**1. Entity Name**  
ULTRA MAGAZINE CONSORTIUM, INC.



**Principal Place of Business**  
2155 N S.R. 7  
MARGATE FL 33063-5713

**Mailing Address**  
2155 N S.R. 7  
MARGATE FL 33063-5713

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

☒ CHECK HERE IF MAKING CHANGES

**APPLIED FOR**

Applied For

Not Applicable

**6. Name and Address of Current Registered Agent**

DYAL, J. PATRICK  
1401 E BROWARD BLVD  
FT LAUDERDALE FL 33301

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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, 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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** DP  
**NAME** STEVENS, RICHARD E  
**STREET ADDRESS** 2155 N S.R. 7  
**CITY-ST-ZIP** MARGATE FL 33063-5713

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
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**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Change ☐ Addition

CR2E034 (10/02)

**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, will or other like empowered.**

**SIGNATURE:**   
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/13/03

Date

Daytime Phone #