


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90133 007 ***150.00

DOCUMENT # P01000043179	
1. Entity Name PCH PUBLISHING, INC.	

Principal Place of Business 310 S. PACE BLVD. PENSACOLA FL 32501	Mailing Address PO BOX 19076 PENSACOLA FL 32523
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2. Principal Place of Business 7845 Coronet Way Suite, Apt. #, etc.	3. Mailing Address Same as above Suite, Apt. #, etc.
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City & State Pensacola, FL	City & State
Zip 32514	Country

4. FEI Number 59-3713967	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENDERSON, ALPHONSA F 310 S. PACE BLVD. PENSACOLA FL 32501
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7845 Coronet Way City Pensacola FL Zip Code 32514
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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 <u>Alphonsa Henderson</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PVST HENDERSON, ALPHONSA 3806 W BLOUNT STREET PENSACOLA FL 32505					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, with all other like empowered.
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SIGNATURE: <u>Alphonsa Henderson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E034 (10/02)