2002 UNIFORM BUSINESS REPORT (UBR)

P01000051579

Mailing Address

3. Mailing Address

Suite, Apt. #, etc

2628

City & State

Address of Current Registered Agent

12472 Lake Underhill Rel

142 RIVER RAFT CT

ORLANDO FL 32828

FILED Sep 25, 2002 8:00 am Secretary of State

09-09-2002 90021 006 ***150.00

40004

DO NOT WRITE IN	THIS SPACE		٠.
1. FEI Number 59-3735235	L	Applied For	
59-5/33 235		Not Applicable	

₂∕MALONE, J. MICHAEL ESQ **523 W COLONIAL DR** ORLANDO FL 32804

(See criteria on back)

DOCUMENT#

Principal Place of Business

2. Principal Place of Business

222 Kanawka

142 RIVER RAFT CT

ORLANDO FL 32828

City & State

tpook

SPIELMANN PUBLICATIONS, INC.

1. Entity Name

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

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.

After Soptomber 13,72002-Fee will be \$750.00

Make Check Payable to Department of State

City

Florion

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filling requirement and elects to do so:

Election Campaign Financing Trast Fund Contribution.

\$5.00 May Be Added to Fres

\$8.75 Additional

Fee Required

Zio Code

11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 C/MO TITLE DMO ☐ Delete TITI F Addition Thomas J. Atkins śpielmann, C. Sam atkins NAME NAME STREET ADDRESS 142 RIVER RAFT CT STREET ADDRESS Apopka FLORIDA 32704 CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IME Stephen Hall ☐ Delete TITLE Addition Change NAME NAME and polly C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Z Addition MALK NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 signalure 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.

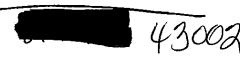
SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

0 201

analhments #P01000051579

September 6, 2002



To Whom It May Concern:

This is to notify the Division of Corporations, that Spielmann Publications, Inc. has not received prior notice. This is our first one and it came on September 4.

Please find enclosed our check for \$150.00

Thank you,

Spielmann Publications, Inc.