FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

FILED May 14, 2002 8:00 am Secretary of State

	DOCUMENT # POI 0000 54536 1. Entity Name Del Val Publishing Corporation				05-12-2002 90625 026 ***150.00 05-14-2002 90339 045 ***150.00	
De	el Val Publishing (jorporati un			-	
	DO NOT WRITE	IN THIS S	PACI			
99	2. Principal Place of Business 9900 Stiving Rd Suite. Apt. #, etc. 3. Mailing Address 900 Stiv			`d		
	222 Suite, Apt. #, etc.			Ė	DO NOT WRITE IN THIS SPACE	
7:0	Hollyword TL Hollywood				/a<-//>	oplied For ot Applicable
	33024 Country SA	Zip 33024	Country	USA	5. Certificate of Status Desired \$8.75 Add	litional
DO NOT WRITE IN THIS SPACE			Name and Address of Current Registered Agent Name Jeffrey E. Campion, P. A. Street Address (P.O. Box Number is Not Acceptable)			
8 The sho	8 The above served			"" // lan	hain Street Suite 216 to FL Zip Sode	
8. The above named entity submits this statement for the purpose of changing its register. SIGNATURE Signature, payed or printed name of registered agent and state if applicable. (NOTE: Registered agent and state if applicable.)				ffice or registere	/// a /-	526
į rax ming	poration is eligible to satisfy its intangible greguirement and elects to do so. eria on back) OFFICERS AND DI	January 1 - Ma After May 1 Amended Make Check Payabl	ay 1 Fee is 1, Fee is \$5 URR is \$6	\$150.00 550.00	10 Flogica Committee	May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jose Maria Ibañez	de Aldecoa e 222	TITLE NAME STREET ADD CITY-ST-ZIF	19		6/2/64
TITLE NAME STREET ADDRESS CITY-ST-ZIP	thellywood, FL 33024			ÆSS.		CRZED34R
NAME STREET ADDRESS CITY-ST-ZIP	Hollywood, Fe 33024		TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	Hollywood, Fr 33004		TITLE NAME STREET ADDRE CITY-ST-ZIP	ess	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Special Secretary Jeff Campion 5 1730 Main Street Suite 216 Waston. Fr 33326		TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		
STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRES CITY-ST-ZIP			
indicated of the corp attachment	ertify that the information supplied with this fi in this report or supplemental report is true a oration or the receiver or trustee empowers with an address, with all other like empowe	ling does not qualify for the and accurate and that my sig od to execute this report as red.	exemption s gnature shal required by	stated in Section Il have the same Chapter 607, Flo	119.07(3)(i). Florida Statutes. I further certify that the inform legal effect as if made under oath; that I am an officer or dir rida Statutes; and that my name appears in Block 11 or or	ation ector

Special Section 4/29/02 954-385-2355