2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

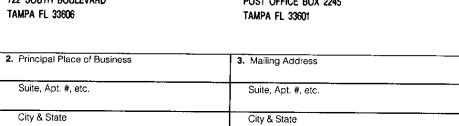
P01000062263 DOCUMENT

1. Entity Name

HYDE PARK COMMUNICATIONS, INC.



Principal Place of Business Mailing Address 722 SOUTH BOULEVARD POST OFFICE BOX 2245 TAMPA FL 33601





01-16-2003 90135 048 ***150.00



Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. 1	4. FEI Number 59-3728022			Applied For Not Applicable	
Zip	Country			Zip Cour		ntry 5.		Dertificate of Status Desired		\$8.75 A Fee Requi	Additional	
6. Name and Address of Current Registered Agent							7.1	lame and Address of New Re	nistered			
SPIEGEL & UTRERA, P.A.						Name		·	gistered	Agent	 .	
343 ALMERIA AVENUE						Street Address (P.O. Box Number is Not Acceptable)						
CORAL GABLES FL 33134										-		
						City			FL	Zip Co	ode	
8. The above the obliga	named entity tions of registe	submits this statement for ered agent.	r the purp	oose of changing its	registere	d office or reg	gistered age	ent, or both, in the State of Flori	da. lam	familiar with	n, and accept	
SIGNATURE		, 1			·							
	Signature, typed o	or printed name of registered agent	and title if app	olicable. (NOT	E: Registered	Agent signature re	equired when rea	nstating)	DATE			
. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Finar Trust Fund Contribution.		\$5.	.00 May Be ed to Fees	
10.	OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PSTD		☐ Delete		11.	TITLE		SHIGHE CHARGES TO CITIE	EI IO AIVE			
NAME	KOVALESK	I ROBIN A		□ Delete	NAME					☐ Change	Addition	
STREET ADDRESS		H BOULEVARD			_	T ADDRESS						
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NAME		I, JEFFREY J		□ Delete						☐ Change	☐ Addition (
STREET ADDRESS		1 BOULEVARD			NAME							
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CITY-ST-ZIP						ADDRESS						
		<u></u>			CITY-S	1-212		 .				
TITLE				Delete	TITLE			•		☐ Change	☐ Addition	
NAME STREET ADDRESS					NAME							
STREET ADDRESS CITY-ST-7IP					STREET	ADDRESS						

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.

SIGNATURE: