## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000084766** 

1. Entity Name

Practical Periodicals, Inc.



## FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91777 023 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

11041129

2. Principal Place of Business	3. Mailing Address	_			
9045 LaFontana Boulevard 9045 LaFontana Boulev			ard		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_	DO.NOT WRITE IN THIS SPACE		
Suite C-5	Suite C-	-5			
City & State	City & State		4. FEI Number Applied For		
Boca Raton, FL	Boca Rat		65-1135799	Not Applicable	
Zip Country 33434 U.S	y Zip 33434	Country U.S.A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
			7. Name and Address of Current Regis	stered Agent	
		Name DeSalvo	Name DeSalvo, Christopher Street Address (P.O. Boy Number is Not Acceptable)		
N OO N	NOT WRITE				
		Street Address (P.O. Box Number is Not Acceptable) 5540 Pacific Boulevard			
INIT	HIS SPACE	7	Apartmont 304		
		DESCRIPTION OF THE PARTY OF THE	Apartment 304		
Agency Mark State Comment of the Com			City Boca RatonFL Zip Code 33438		
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					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00			9. Election Campaign Financing	5.00 May Be	
Amended UBR is	\$61.25		Trust Fund Contribution.	Added to Fees	
Make Check Payable to Florida					
	OFFICERS AND DIRECTORS			mentari di periodi di Managara di Afrika. Ni	
TITLE P/S/D	•	ETITLE		(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	
NAME DeSalvo,	Robert	NAME			
STREET ADDRESS 22317 Box	ulder Street	STREET ADDRESS			
CITY-ST-ZIP Boca Rate	on, FL 33428	CITY ST-ZIP			
TITLE VP/T/D		MILE		The state of the s	
NAME DeSalvo,	Valiere	NAME			
	ulder Street	STREET ADDRESS		ATTACHED TO THE STATE OF THE ST	
OUTV OT THE	on, FL 33428	CITY+ST-ZIP			
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NAME		NAME	IN THIS SP	AUE	
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CITY-ST-ZIP		CITY-ST-ZIP	Programme Committee Commit		
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NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
		STREET ADDRESS	NESS.		
CITY-ST-ZIP		CITY-ST-ZIP		The same of the land	
12. Thereby certify that the information supplied with this filling 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 Tecevier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.					