

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

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

05-05-2003 90716 023 \*\*\*150.00

DOCUMENT # P01 000087495

1. Entity Name  
PUBLISITING GROUP INTERNATIONAL INC.



**DO NOT WRITE IN THIS SPACE**

11039618

2. Principal Place of Business  
5449 So. SEMORAN BLVD.  
Suite, Apt. #, etc. STE 20

3. Mailing Address  
Suite, Apt. #, etc.

City & State ORLANDO FL.

City & State  
Zip 32822 Country ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3750626

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
Name CAPITAL CONNECTION  
Street Address (P.O. Box Number is Not Acceptable)  
417 E. VIRGINIA ST., STE 1  
City TALLAHASSEE FL Zip Code 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P - KERRY BLUDWORTH</u> <u>448 LONG PINE DR.</u> <u>LK. MARI, FL. 32746</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kerry C. Bludworth 5/1/03 (407) 399-4224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)