## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2002 8:00 am Secretary of State **DOCUMENT #** P01000089025 1. Entity Name 04-24-2002 90389 018 \*\*\*150.00 ROCK PRESS, INC. Mailing Address Principal Place of Business 201 SOUTH BISCAYNE BLVD., SUITE 1700 201 SOUTH BISCAYNE BLVD., SUITE 1700 MIAM! FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 4611 S. University Dr. 160 Ave. 5031 S.W. Suite, Apt. #, etc. Suite, Apt. #, etc. (Dykes Rd.) DO NOT WRITE IN THIS SPACE #450 City & State City & State 4. FEI Number Applied For Davie, Florida Southwest Ranches, 65-1153115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33328 33331 U.S.A. U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIAMI CENTER REGISTERED AGENTS, LLC Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD., SUITE 1700 MIAMI FL 33131 City Zip Code 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. 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 \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE President Change Addition NAME Joseph Kelljchian STREET ADDRESS STREET ADDRESS 5031 S.W. 160 Ave. (Dykes Rd.) CITY-ST-ZIP CITY-ST-ZIP Southwest Ranches, FL 33331 TITLE V/S/T ☐ Delete TITLE ☐ Change ✓ Addition NAME Tracey Broussard NAME STREET ADDRESS STREET ADDRESS 700 Hollywood Blvd. CITY-ST-ZIP CITY-ST-ZIP Hollywood, FL 33019 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 seport/s 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 11 or Block 12 if changed, or on an attachment with an address, with all wher like empowered.

CITY-ST-ZIP

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Kelljchian, Pres. 3/26/02 (954)434-708

**FILED**