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FILED
May 28, 2002 8:00 am
Secretary of State
04-11-2002 90703 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102789

1. Entity Name
ORLANDO SELECT MAGAZINE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
260 MAITLAND Ave.	P.O. Box 952751
Suite, Apt. #, etc. Ste. 2000	Suite, Apt. #, etc.
City & State Altamonte Springs, FL	City & State Lake Mary, FL
Zip 32701 Country U.S.	Zip 32795-2751 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3758362 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FORET, JOHN F.
Street Address (P.O. Box Number is Not Acceptable): 679 Holbrook Circle
City: Lake Mary FL Zip Code: 32746

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: X _____
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR FORET, John F 679 Holbrook Circle Lake Mary, FL 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR FORET, L. SUSAN 679 Holbrook Circle Lake Mary, FL 32746
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CR2E034B (12/01)

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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4/4/02 407-571-2982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #