2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000113559

1. Entity Name



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90165 033 ***150.00

1112 0014	ISHINE NEWS, INC.							
Principal Place of Business 1160 KANE CONCOURSE SUITE 301 BAY HARBOR ISLAND FL 33154 2. Principal Place of Business		1160 Suite	Mailing Address 1160 KANE CONCOURSE SUITE 301 BAY HARBOR ISLAND FL 33154 3. Mailing Address					
		3. Mai						
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City	City & State			4. FEI Number 65-1157985	-	Applied For Not Applicable
Zip	Country	Zip		Coun	try	5. Certificate of Status Desired	\$8.75 Fee Rec	Additional juired
	6. Name and Address of Cur	rent Registere	ed Agent			7. Name and Address of New Re	egistered Agent	
	A. 1999		to the second		Name	· · · · · · · · · · · · · · · · · · ·		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.			Street Address		Street Address (F	O. Box Number is Not Acceptable)	
4TH FLOO								
MIAMI FL 33145			City		City		FL Zip	Code
	e named entity submits this statementions of registered agent.	ent for the purp	ose of changing its	registere	ed office or registere	ed agent, or both, in the State of Flo	rida. I am familiar w	vith, and accept
SIGNATURE	Signature, typed or printed name of registered	agent and title if app	nlicable (NOTE	- Registerer	d Agent signature required	when rainstating)	DATE	
	ILE NOW!!! FEE IS \$150.00) ,				9. Election Campaign Fin.		5.00 May Be
	r May 1, 2003 Fee will be \$550 k Payable to Florida Departme					Trust Fund Contribution		ded to Fees
10.		AND DIRECTO	IDRS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 11
TITLE	PD		☐ Delete	TITLE	:			
NAME	COTO, RUBEN A			DILL	• ,		Char	ige 🗀 Addition 📜
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CITY_ST_7IP	1160 KANE CONCOURSE	154		NAME STREE	E ET ADDRESS		☐ Char	ige Addition
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12. I hereby 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP