

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90123 022 ***150.00

0083527 AV

DOCUMENT # P02000016658

1. Entity Name
CL PUBLISHING, INC.



Principal Place of Business
**9917 PALMA VISTA WAY
BOCA RATON FL 33428**

Mailing Address
**9917 PALMA VISTA WAY
BOCA RATON FL 33428**



2. Principal Place of Business
9917 Palma Vista Way

3. Mailing Address
9917 Palma Vista Way

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33428

Country
Palm Beach

Zip
33428

Country
Palm Beach

4. FEI Number
74-3027881

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LICATA, SEBASTIAN
1999 CLASSIC DRIVE
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sebastian J Licata* DATE 7/9/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	P LICATA, CHRISTOPHER J 9917 PALMA VISTA WAY BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Christopher J Licata* DATE: 7/8/03 DAYTIME PHONE #: 561-218-6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

Attachment

80136971
#PO2000016658

CaptureLife magazine



Divisions OF Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern;

CI Publishing Inc. did not receive prior notice to file the uniform business report. The report was received June 26,2003. Thank you for all your help. Enclosed is the 150.00 filing fee.

Sincerely,

Christopher J. Licata
Publisher