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Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90950 021 \*\*\*150.00

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

DOCUMENT # P02000030002  1. Entity Name NORTHERN READERS SERVICES INC.		<b>UUUU</b>	
Principal Place of Business 6191 ORANGE DRIVE, STE 6179-0 6191 ORANGE DRIVE, STE	6179-0	•	
2. Principal Place of Business  6466 N W 5400 CHO N W Suite, Apt. #, etc.	strivay III	CHECK HERE IF MAKING C	HANGES
City & State FORT. Countercoole, FC FF. Counter Zip 33309 Brownd Zip 33309 6. Name and Address of Current Registered Agent	Country Byonard 5.00		Applied For Not Applicable  8.75 Additional Required
HAYDOCK, VINCENT 6191 ORANGE DRIVE, STE 6179-0 DAVIE, FL 33314	Name	ox Number is Not Acceptable)	
8. The above named entity supprits 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 Sunature, typed or printed name of registered agent and title if populations. (NOTE: Registered Agent signature required when reinstating) OATE			
FILE NOW! IF FEE IS \$150.00.  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS  TITLE NAME HAYDOCK, VINCENT STREET ADDRESS CITY-ST-2P DAVIE, FL 33314	TITLE D	oitions/changes to officers and colors, changes to officers and colors, classes and classes and colors, classes and classes are classes and classes are classes and classes and classes and classes and classes are classes and classes are classes and classes are classes and classes are classes are cl	Change Addition Co
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TITLE Delete  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE Delete  NAME  STREET ADDRESS  CITY-ST-2IP	TITLE NAME STREET ADDRESS		Change Addition
12. It 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 conditions 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 SIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR DAG Cayuma Phone of			