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Secretary of State
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5/9/

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000068138

55050626

1. Entity Name
THE FLORIDA OBSERVER, INC.

Principal Place of Business	Mailing Address
6296 SW 20TH ST POMPANO BEACH, FL 33093	6296 SW 20TH ST POMPANO BEACH, FL 33093

2. Principal Place of Business	3. Mailing Address
3930 NW 187th Street	3930 NW 187th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Opa Locka FL.	Opa Locka FL.
City & State	City & State
33055 USA	33055 USA
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0466043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $30.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1640 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name: Billy C. SNipes SR. Street Address (P.O. Box Number is Not Acceptable): 3930 NW 187th Street City: Opa Locka FL. 33055 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 my position as registered agent.

SIGNATURE: Billy C. SNipes SR. DATE: 07.07.03
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when submitting)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
DP SNIPES, BILLY C SR 6296 SW 20TH ST POMPANO BEACH, FL 33093		3930 NW 187th Street Opa Locka FL. 33055	
DVS SNIPES, AMONISSE SR 6296 SW 20TH ST POMPANO BEACH, FL 33093		3930 NW 187th Street Opa Locka Fl. 33055	
OT SNIPES, BILLY C JR 6296 SW 20TH ST POMPANO BEACH, FL 33093		3930 NW 187th Street Opa Locka Fl. 33055	

ORZEG04 (10/02)

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

SIGNATURE: [signature] 5/6/03 3056246064
(SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR) (Daytime Phone Number)