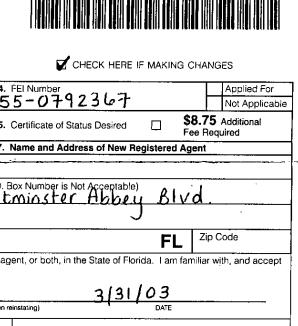
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#** P02000093738

1. Entity Name DISCOUNT CALENDARS, INC.	
Principal Place of Business	Mailing Address
8019 WESTMINSTER ABBY RD.	8019 WESTMINSTER ABBY RD.
C/O N. KASSAR	C/O N. KASSAR
ORLANDO FL 32835	ORLANDO FL 32835
2. Principal Place of Business	3. Mailing Address
8019 Westminster Abbey Bl	vd 8019 Westminster Abbey Blve
Suite, Apt. #, etc.	Suite, Apt. #, etc.





City & Star	City & State City & State					4. F	4. FEI Number 55-0792367				Applied For Not Applicable			
Zip	(	Country	Zip		Country	intry 5. Certificate of Status Desired					8.75 Additional			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent								
KASSAR, NADIA			Nam			·					]			
8019 WESTMINISTER ABBY RD				Stree	Street Address (P.O. Box Number is Not Acceptable) 8019 Westminster Hobert Blvd									
ORLANDO FL 32835				<u> </u>	8019 Westminster Abbey Blvd.									
					City						1 = 5 7		4	
					City					FL	Zip Cod			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE														
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					•			9. Election Camp Trust Fund Co	•	g $\square$		<b>0</b> May Be I to Fees		
. 10.	T	OFFICERS AND	DIRECTOR	RS	11.		ADI	DITIONS/CHANGES	TO OFFICERS	AND C	DIRECTORS	3 IN 11	],	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kassar, Nae 8019 Westmi Orlando Fl	nister abby RD		□ Delete	TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	s 8019	W	estminster	Abbey		☑ Change /d .	☐ Addition	140/00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s					☐ Change	Addition		
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NAME STREET ADDRESS CITY-ST-ZIP			<del></del>		NAME STREET ADDRES CITY-ST-ZIP	s				- <u></u>			-	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5				C	Change	☐ Addition	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3					Change	Addition		

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:** 

Daytime Phone #