## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000105258

Entity Name: OMNI REVIEW, INC.

FILED Apr 28, 2003 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

2625 SW 75TH STREET, #1024 4134 NW 19TH TERRACE GAINESVILLE, FL 32607 GAINESVILLE, FL 32605

**Current Mailing Address: New Mailing Address:** 

2625 SW 75TH STREET, #1024 4134 NW 19TH TERRACE GAINESVILLE, FL 32607 GAINESVILLE, FL 32605

FEI Number: 04-3712811 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

HYLTON, KEISHA-GAY HYLTON, KEISHA-GAY 2625 SW 75TH STREET, #1024 4134 NW 19TH TERRACE GAINESVILLE, FL 32607 GAINESVILLE, FL 32605

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.

SIGNATURE: 04/28/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

() Delete Title: (X) Change ( ) Addition

Title: HYLTON, KEISHA-GAY HYLTON, KEISHA-GAY Name: Name: 2625 SW 75TH STREET, #1024 Address: 4134 NW 19TH TERRACE Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: KEISHA-GAY HYLTON 04/28/2003