

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91847 013 \*\*\*150.00

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |                                                                              |                                                                                                                        |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P02000109105</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |                                                                              |                                       |         |
| 1. Entity Name<br><b>LEP STEWART PUBLISHING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         |                                                                              |                                                                                                                        |         |
| Principal Place of Business<br><b>4004 SIERRA MADRE DRIVE SOUTH<br/>JACKSONVILLE, FL 32217</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         | Mailing Address<br><b>5711 BOWDEN ROAD<br/>15<br/>JACKSONVILLE, FL 32216</b> |                                                                                                                        |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         | 3. Mailing Address                                                           |                                                                                                                        |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |         | Suite, Apt. #, etc.                                                          |                                                                                                                        |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         | City & State                                                                 |                                                                                                                        |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country | Zip                                                                          |                                                                                                                        | Country |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |         |                                                                              | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                             |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |         |                                                                              | <b>\$8.75</b> Additional Fee Required                                                                                  |         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |                                                                              | 7. Name and Address of New Registered Agent                                                                            |         |
| <b>CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         |                                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of signatory must be typed or printed</small> <small>(NOTE: Registered Agent's signature required when submitting)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |         |                                                                              |                                                                                                                        |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |         |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |         |                                                                              | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                           |         |
| TITLE: <input type="checkbox"/> Delete<br>NAME: <b>Stephen O. Stewart</b><br>STREET ADDRESS: <b>4004 Sierra Madre Dr South</b><br>CITY-ST-ZIP: <b>Jacksonville, FL 32217</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         |                                                                              | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   |         |
| TITLE: <input type="checkbox"/> Delete<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |                                                                              | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   |         |
| TITLE: <input type="checkbox"/> Delete<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |                                                                              | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   |         |
| TITLE: <input type="checkbox"/> Delete<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |                                                                              | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   |         |
| TITLE: <input type="checkbox"/> Delete<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |                                                                              | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   |         |
| 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:  <b>Stephen Stewart</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         |                                                                              | Date: <b>5/1/03</b> 404 733 4255                                                                                       |         |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |         |                                                                              | <small>Date Daytime Phone #</small>                                                                                    |         |

90129437



☐ CHECK HERE IF MAKING CHANGES

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