2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

of the corporation or the receive changed, or on an attachment

SIGNATURE:

hment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P02000110829

1. Entity Name

SUNCAP PUBLISHING CORPORATION



FILED May 02, 2003 8:00 am Secretary of State

(305) 374-3250

05-02-2003 90366 038 ***150.00

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Principal Place of Business ONE BISCAYNE TOWER - SUITE 3250 TWO SOUTH BISCAYNE BOULEVARD MIAMI FL 33131		Mailing Address ONE BISCAYNE TOWER - SUITE 3250 TWO SOUTH BISCAYNE BOULEVARD MIAMI FL 33131								
2. Principal Place of Business 3, Mailing A		ing Address	g Address					4 4 4		
Suite, Apt. #, etc. Sui		Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State	City & State City & State		& State			4.	, FEI Number	 * -	Applied For Not Applicable	
Zip	Country	Zip	Zip Country			5.	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
					Name					
GOLDSTEIN, RICHARD M ESQ. ONE BISCAYNE TOWER - SUITE 3250			Street Address (P.O. Box Number is Not Acceptable)							
	JTH BISCAYNE BOULEVARD									
MIAMI FL					City			Zip Cod	le	
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 a	nd title if appl	icable (NOTE	: Registere	d Agent signature rec	quired when	reinstating) DATE			
	_ 	1								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			ı		Section Campaign Financing Trust Fund Contribution. Contribution		May Be d to Fees			
10.	OFFICERS AND I	DIRECTO	RS	11.		A	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE	President		☐ Delete	TITL	<u> </u>			☐ Change	Addition 3	
NAME STREET ADDRESS	WILLIAM 9. Stevens, III		NAM	E ET ADDRESS						
CITY-ST-ZIP	2 S. Biscayne Blvd.	, #32	50		-ST-ZIP					
TITLE	Miami, FL 33131 Secretary		☐ Delete	TITL				☐ Change	☐ Addition	
NAME	Angela D. Lawson	~		. NAM					`	
STREET ADDRESS CITY-ST-ZIP	2 S. Biscayne Blvd.	, #32	50		ET ADDRESS ~ST-ZIP					
TITLE	Miami, FL 33131	- · · · · · · · · · · · · · · · · · · ·						☐ Change	Addition	
NAME	Treasurer		C Delete	NAM	1			[_] Unlange		
STREET ADDRESS	Richard M. Goldstein 2 S. Biscayne Blvd., #3250				ET ADDRESS					
CITY-ST-ZIP	Miami, FL 33131	, #32.			-ST-ZIP					
TITLE NAME	12002		Delete	TITL NAM	ł			Change	☐ Addition	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				CITY	- ST- ZIP					
TITLE			Delete	TITL				Change	☐ Addition	
NAME STREET ADDRESS				NAM	E ET ADORESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITL				Change	Addition	
NAME STREET ADDRESS				NAM	- í					
STREET ADDRESS CITY-ST-ZIP	;;				ET ADDRESS -ST-ZIP					
I 12. I hereby c	ertify that the information supplied with	this filing	does not qualify for	the exe	mption stated in	n Section	n 119.07(3)(i), Florida Statutes. I further cer	tify that the i	nformation or director	
indicated on this report of 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 received 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										

GNATURE REQUIRED Richard M. Goldstein