


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91018 023 ***150.00

DOCUMENT # P02000127810	
1. Entity Name MEGA PUBLISHING, INC.	

Principal Place of Business 2145 S.W. 94TH TERRACE GAINESVILLE FL 32607	Mailing Address 2145 S.W. 94TH TERRACE GAINESVILLE FL 32607
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80073678



2. Principal Place of Business 7042 NW 10 Place Suite, Apt. #, etc.	3. Mailing Address 7042 NW 10 Place Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State Gainesville FL	City & State Gainesville	4. FEI Number 51 0437116	Applied For <input type="checkbox"/> Not Applicable
Zip 32605	Country Alachua	Zip 32605	Country Alachua
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent GLAESER, MITCHELL E 2145 S.W. 94TH TERRACE GAINESVILLE FL 32607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  **DATE** 3-12-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete GLAESER, MITCHELL E 2145 S.W. 94TH TERRACE GAINESVILLE FL 32607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 a power like empowered.

SIGNATURE:  **REQUIRED** **DATE** 3-12-03 **Daytime Phone #** 352 333 7578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)