

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P17321**

1. Entity Name  
**UNITED ADVERTISING PUBLICATIONS, INC.**



Principal Place of Business  
**100 W PLUME ST  
NORFOLK, VA 23510**

Mailing Address  
**100 W PLUME ST  
SUITE 400  
NORFOLK, VA 23510**

**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**91-1189732**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity certifies 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, the registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	REID, BRITTON A
STREET ADDRESS	100 W PLUME ST
CITY - ST - ZIP	NORFOLK, VA 23510
TITLE	VD
NAME	HALL, CONRAD M
STREET ADDRESS	100 W PLUME STREET
CITY - ST - ZIP	NORFOLK, VA 23510
TITLE	VSD
NAME	HOFFMAN, NORMAN
STREET ADDRESS	100 W PLUME ST
CITY - ST - ZIP	NORFOLK, VA 23510
TITLE	EV
NAME	ROSS, JACK
STREET ADDRESS	100 W PLUME ST
CITY - ST - ZIP	NORFOLK, VA 23510
TITLE	V
NAME	CHERRY, CATHERINE B
STREET ADDRESS	100 W PLUME STREET
CITY - ST - ZIP	NORFOLK, VA 23510
TITLE	TS
NAME	ASKEW, MICHAEL E
STREET ADDRESS	100 W PLUME STREET
CITY - ST - ZIP	NORFOLK, VA 23510

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04/29/04-60022-010 150.00

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IN THIS SPACE**

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:**

*[Signature]*  
**MICHAEL E ASKEW**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/04*  
Date

**787 640 6396**  
Daytime Phone #