## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 12, 2000 08:00 AM **DOCUMENT # P38114** 1. Entity Name **Secretary of State** TURNSTILE PUBLISHING COMPANY Principal Place of Business Mailing Address 7657 COMMERCE CENTER DRIVE 7657 COMMERCE CENTER DRIVE ORLANDO ORLANDO FL 32819 US 32819 US 2. Principal Place of Business 3. Mailing Address 1500 PARK CENTER DR 1500 PARK CENTER DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO FL ORLANDO FL 13-3653549 Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired 32835 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE 32301 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. 09/12/2000 SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ST Delete TITLE ☐ Change ☐ Addition CRAIN CINDI NAME STREET ADDRESS 240 CETNRAL PARK S, APT 20D STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10019 CITY-ST-ZIP TITLE N Delete TITLE ☐ Change ☐ Addition NAME HANSON HEATHER NAME STREET ADDRESS 5111 ISLEWORTH COUNTRY CLUB DR STREET ADDRESS CITY-ST-ZIF WINDERMERE FI 34786 CITY-ST-718 TITLE ☐ Delete TILE VP ☐ Change ☐ Addition NAME CRAIN MERRILEE P NAME STREET ADDRESS 5536 ISLEWORTH COUNTRY CLUB DR STREET ADDRESS CITY-ST-ZIP WINDERMERE 34786 CITY-ST-ZIP TITLE ☐ Defete EVP TITLE ☐ Change ☐ Addition NAME BECKSON ERIC NAME STREET ADDRESS 1905 ELIZABETH AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO 32804 FL. CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HANSON KENNETH NAME 1600 ALABAMA WAY, #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE $\mathbf{C}$ ☐ Delete TITLE Change ☐ Addition NAME CRAIN RAMSAY NAME STREET ADDRESS 5536 ISLEWORHT COUNTRY CLUB DR STREET ADDRESS CITY-ST-ZIP WINDEMERE 34756 $\mathbf{FL}$ CITY-ST-7/8

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.