2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40821 Mar 13, 2002 8:00 am 1. Entity Name **Secretary of State** YOUR STORY HOUR INC. 03-13-2002 90152 002 ****61.25 Principal Place of Business Mailing Address 464 WEST FERRY, BOX 15 464 WEST FERRY, BOX 15 BERRIEN SPRINGS MI 49103 BERRIEN SPRINGS MI 49103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 38-1549983 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6:-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GONZALEZ, DAVID **POST OFFICE BOX 21** 7812 ROSE AVENUE e morar ORLANDO FL 32810 City Zip Code Fl 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 zanno SIGNATURE nt and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. BMD (9/01)TITLE □ Change ☐ Addition ☐ Delete TITLE METCALF, TED NAME NAME RT 2 BOX 156 STREET ADDRESS STREET ADDRESS FLETCHER NC 28732 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE reasurer are Secretary [★Change ☐ Addition RENTON, SUZANNE henton Surame NAME 4936 Riverside 4936 RIVERSIDE STREET ADDRESS STREET ADDRESS **BERRIEN SPRINGS MI 49103** CITY-ST-ZIP CITY-ST-ZIP 49103 IMTITLE ☐ Delete TITLE Change ☐ Addition THOMPSON, WALTER NAME 40 SOUTH CLAY, SUITE 217 STREET ADDRESS STREET ADDRESS HINDSDALE IL 60521 CITY-ST-ZIP CITY-ST-ZIP BMD Edwin Shater Board Member [] Change Delete VAN ORNAN, ROBERT 10804 E Brainerd Rd NAME NAME **821 PHILLIPPA STREET** STREET ADDRESS STREET ADDRESS TN 37302 HINSDALE IL 60521 CITY-ST-ZIP CITY-ST-ZIP President (only) TITLE ☐ Delete TITLE Change ☐ Addition TRUMBO, ELAINE Trumbo, Élaine NAME NAME **TMM-BOX 105** STREET ADDRESS STREET ADDRESS trim-Box 105 **BERRIEN SPRINGS MI 49103** CITY-ST-ZIP CITY-ST-ZIP 49103 $\mathbb{L}M$ TITLE ☐ Delete TITLE ☐ Change Addition LITTLE, III, ROBERT NAME NAME 4849 E. HILLCREST STREET ADDRESS STREET ADDRESS **BERRIEN SPRINGS MI 49103** CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 617, 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.

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Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: