2001 UNIFORM BUSINESS REPORT (UBR) odelseko. May 04, 2001 8:00 am Secretary of State DOCUMENT # P93000038224 1. Entity Name 05-04-2001 90151 009 ***158.75 ROURKE PUBLISHING GROUP, INC. Mailing Address Principal Place of Business 3407 Ocean Drive P. O. Box 3328 Vero Beach, FL 32964 Vero Beach, FL 32963 00046790 2. Principal Place of Business 3. Mailing Address 1701 Highway A-1-A 1701 Highway A-1-A Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 300 Suite 300 City & State City & State 4. FEI Number Applied For 59-1386657 Vero Beach, FL Not Applicable Vero Beach, FL Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32963 USA 32963 USA Fee Required 7. Name and Address of New Registered Agent - --6. Name and Address of Current Registered Agent Name Landrea, A. JAMES COLANDREA, A. JAMES Street Address (P.O. Box Number is Not Acceptable)
1701 Highway A-1-A 3407 Ocean Drive Vero Beach, FL 32963 Suite 300 City Vero Beach ^{Zip ር}ያሜ6 3 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. SIGNATURE (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, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax fiting requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) П OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (11/00) P/S/T/D Change Addition TITLE PSD ☐ Delete TITLE COLANDREA, A. JAMES NAME COLANDREA, A. JAMES NAME 1701 Highway A-1-A, Suite 300 STREET ADDRESS 2503 Ocean Drive STREET ADDRESS Vero Beach, FL 32963 CITY-ST-ZIP Vero Beach, FL 32963 CITY-ST-ZIP Addition TITLE Change TITLE TDUKKL, KAMIO D L. X Delete NAME ROURKE, RAYMOND L. NAME STREET ADDRESS 3407 Ocean DRive STREET ADDRESS CITY-ST-ZIP 32963 CITY-ST-ZIP Vero Beach, FL Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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, Y/2 Y/0 | (561) 234-6001 Gayarre Fron an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR