2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P9300061237 1. Entity Name EISINGER PUBLICATIONS, INC. 04-16-2001 90009 017 ***150.00 Principal Place of Business Mailing Address 4274 CONGREVE PLACE 4274 CONGBEVE PLACE SARASOTA FL 34241-6129 2. Principal Place of Buşiness 3. Mailing Andress 1100 ORIVE MO CCASIN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE S AND SON City & State Applied For 4. FEI Number 65-0433252 Not Applicable 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 Name EISINGER, LARRY Street Address (P.O. Box Number is Not Acceptable) #274 CONGREVE/PLACE 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if appli (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Detete TITLE EISINGER, LARRY NAME NAME STREET ADDRESS 4274 CONGREYE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34841-6129 Change Addition TITLE ☐ Delete EISINGER, LARRY JR NAME NAME STREET ADDRESS 4274 CONGREVE PLACE STREET ADDRESS SARASOTA FL 34241-6129 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME EISINGER, MAJ NAME STREET ADDRESS 4274 CONGREVE PLACE STREET ADDRESS CITY-ST-ZIP SABASOTA FL 34241-6129/ CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE HELEEN, BONNIE NAME NAME STREET ADDRESS 4274 CONGREVE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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. ARNY EISINGER

Daytime Phone #