2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000067837

1. Entity Name

TOROSIAN PUBLISHING INTERNATIONAL, INC.



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90161 048 ***150.00

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TOROSIAN, GEORGE JR. 5023 SKYLINE BLVD. CAPE CORAL FL 33914 City FL 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 Fiorida. I am familiar with, and accept interesting agent, and the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept interesting agent. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: Operation hypor/or present name or registered agent, and the invalidation. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 TITLE ORDERS SO23 SKYLINE BLVD. ORY-ST-2P TITLE OBelle ITTLE NAME SIRET ADDRESS ORY-ST-2P TITLE NAME SIRET ADDRESS ORY-ST-2P TI	CAPE WHAL		City & State		4. FEI Number 65-0515448	ļ . - - - - - - - - - 		
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CAPE CORAL FL 33914 City FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent.	•			Street Address (Street Address (P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					· · · · · · · · · · · · · · · · · · ·	<u> </u>		
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/33(i). Florida Statutes. I further certify that the information	CITY-ST-ZIP	outifications the information and the territory	this filter alone at the first		140.67(0)(), 51.11.2			

reflect certify that the information supplied with this liling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 ACQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #