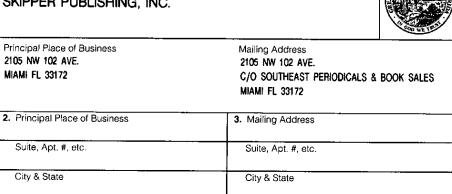
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P94000077322

1. Entity Name

SKIPPER PUBLISHING, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90253 027 ***158.75

			WE INS	
Principal Place of Business 2105 NW 102 AVE. MIAMI FL 33172		Mailing Address 2105 NW 102 AVE. C/O SOUTHEAST PERIODICALS & BOOK SALES MIAM! FL 33172		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0548184 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
	- ; 	The state of the s	Name	
BRUNJES, ROBERT 2105 NW 102 AVE.			Street Address	(P.O. Box Number is Not Acceptable)
MIAMI FL 33172-1983 👾				
			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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	: OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELFAND, WILMA ONE EXECUTIVE DR #151 SOMERSET NJ 08873	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELFAND, DANIEL ONE EXECUTIVE DR #151 SOMERSET NJ 08873	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	D_ GELFAND, DOUGLAS ONE EXECUTIVE DR #151 SOMERSET NJ 08873	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS	V BOHORQUES, JOSE A 9385 SW 21 ST. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	□ Delete .	. TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition

12. recept certify that the information supplied with his 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 peport 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 of 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 gither like empowered. of the corporation or the receiver or trustee em changed, or on an attachment with an address

SIGNATURE:

reguired SIGNA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR