

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90141 013 ***150.00

DOCUMENT # P95000006275

1. Entity Name
COMIC CONNECTION, INC.



Principal Place of Business
1711 N STATE ROAD 7
SUITE Q
MARGATE FL 33063

Mailing Address
1711 N STATE ROAD 7
SUITE Q
MARGATE FL 33063



2. Principal Place of Business

1741 N. State Rd 7

Suite, Apt. #, etc.

Suite Q

City & State
Margate FL

Zip
33063

Country
USA

3. Mailing Address

1741 N. State Rd 7

Suite, Apt. #, etc.

Suite Q

City & State
Margate FL

Zip
33063

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0549713

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANTWELL, JAMES B
1711 N STATE ROAD 7
SUITE Q
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name James B Cantwell
Street Address (P.O. Box Number is Not Acceptable)
1741 N. State Road 7 Suite Q
City Margate FL Zip Code 33063

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 James B. Cantwell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME CANTWELL, JAMES B
STREET ADDRESS 4356 NW 5TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE VTD
NAME GALLAGAN, BETTY E
STREET ADDRESS 4210 NE 11TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby 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 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: James B Cantwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03

Date

954 972-1477

Daytime Phone #

CR2E034 (10/02)