

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000034431

1. Entity Name  
UNISCIENCE NEWS NET, INC.



Principal Place of Business      Mailing Address  
3907 S.E. 2 AVE.      3907 S.E. 2 AVE.  
CAPE CORAL, FL 33904      CAPE CORAL, FL 33904

**DO NOT WRITE IN THIS SPACE**



03092005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
65-0577010      Not Applicable

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

**6. Name and Address of Current Registered Agent**

RADLER, BARBARA  
3907 S.E. 2 AVE.  
CAPE CORAL, FL 33904

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	RADLER, BARBARA
STREET ADDRESS	3907 SE 2ND AVE.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000285074  
04/02/05-80029-020 150.00

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IN THIS SPACE**

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: Barbara Radler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05 (239)549-7048  
Date Daytime Phone #