

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034452

1. Entity Name

NEIGHBORHOOD MAGAZINES, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90159 042 \*\*\*150.00

Principal Place of Business

1022 HAWKES AVE.  
ORLANDO FL 32809

Mailing Address

1022 HAWKES AVE.  
ORLANDO FL 32809-6320

2. Principal Place of Business

3. Mailing Address

P.O. BOX 593458

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

4. FEI Number 59-3311250

Applied For

Not Applicable

Zip

Country

Zip

Country

32859

USA

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

WALKER, BRANDY  
1022 HAWKES AVE  
ORLANDO FL 32809

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

*Brandy Walker*

BRANDY WALKER PRES. 1-24-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME ARRAJJ, JR. J  
STREET ADDRESS 1022 HAWES AVE  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE VP  
NAME ARRAJJ, JR. J.  
STREET ADDRESS 1022 HAWKES AVE  
CITY-ST-ZIP ORLANDO FL 32809 ☒ Change ☐ Addition

TITLE P  
NAME WALKER, BRANDY L  
STREET ADDRESS 1022 HAWKES AVE  
CITY-ST-ZIP ORLANDO FL 32809 ☐ 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 ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ 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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 1-24-00 800-381-2413

Date

Daytime Phone #

CR2E034 (9/99)