Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90080 041 **** 7

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P95000043458

1. Entity Name

OSBORNE COMMUNICATIONS, INC.



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zp Country Zp Country S. Certificate of Status Desired Fig. 1735 MANDAPIN FOREST DR. JACKSONVILLE FL 32223 City & State	Principal Place of Business 11735 MANDARIN FOREST DR. JACKSONVILLE FL 32223 US		11111 #295	JACKSONVILLE FL 32223				/ VV3/260			
City & State Country Country State 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSBORNE, MICHAEL S 11735 MANDARIN FOREST DR. JACKSONVILLE FL 32223 City City FL Zio Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics. I am temiliar with, and accept the obligations of registered agent, or both, in the State of Florics	2. Principal Place of Business		3. Maili	3. Mailing Address				1 10011001 110 10101 DILL DELL BUIL BUIL BUIL BUIL BUIL BUIL BUIL BU	. 831 11111 316 51	1 41151 1011 1051	
Zip	Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
S. Kerne and Address of Current Registered Agent OSBORNE, MICHAEL S 11735 MANDARN FOREST DR. JACKSONVILLE FL 32223 8. The above named entity submits this statement for the purpose of changing its registered office or reg stored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the oblig	City & Stat	9	City	City & State			4. 1	1 5953371307			
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12. Thereby 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.	12. I hereby a	ertify that the information supp	olied with this filing o	does not qualify for t	he exer	mption stated	in Section	119.07(3)(i), Florida Statutes. I further certi	fy that the in	nformation	

of the corporation or the receiver of 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.