2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000049926

1. Entity Name

SIGNATURE:

N MÁGAZINE, INC.



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90897 039 ***150.00

		OG WE IF	
Principal Place of Business 4500 EXECUTIVE DRIVE 320 NAPLES FL 34119	Mailing Address 4500 EXECUTIVE DRIVE 320 NAPLES FL 34119		
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 65-0594266 Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
. 6. Name and Address of Current F	egistered Agent		7. Name and Address of New Registered Agent
and the second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section sec		Name-	The same Address of New Inglatered Agent
BROWN, THOMAS G 4500 EXECUTIVE DRIVE 320		Street Address	s (P.O. Box Number is Not Acceptable)
NAPLES FL 34119	•	City	FL Zip Code
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and account account account and account and account and account and account account account account and account account account account and account accoun			tered agent, or both, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name or registered agent an	d title if applicable. (NOTE	E: Registered Agent signature requir	red when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of \$		_	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME BROWN, THOMAS G 4500 EXECUTIVE DRIVE NAPLES FL 34119	☐ 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
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TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Addition