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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morham

Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

P95000055603 (1) DOCUMENT #

1. Corporation Name E-PUBLISHING.HTTP, INC.

920 TULIP COURT SUITE 100 920 TULIP COURT SUITE 100 MARCO ISLAND FL 33937 MARÇO ISLAND FL 33937 3. Date Incorporated or Qualified 07/17/1995 3a. Date of Last Report 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0601181 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zιο Yes 👿 No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 l Name COHEN, LINDA M Street Address (P.O. Box Number is Not Acceptable) 82 920 TULIP COURT SUITE 100 MARCO ISLAND FL 33937 83 Zip Code 84 City 11. Pursuant to the provisions of Soci ons 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE $t_{\rm proof}$ in particulation is of respillation (i.g.,) and the respirator CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition [] DELETE 1 1 TILE THILE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS Marco asland 14 CITY ST-7 P CITY-ST-ZIP Addition DELFTE 2 1 1004 TITLE 2.2 NAME Linda Cohen NAME 920 THUP CL 2.3 STREET ADDRESS STREET ADDRESS Marco Soland Fe 2.4 CHY - S1 - ZIP CITY - ST - ZIP ☐ Addition [] DELETE 3 1 11113 TITLE 3.2 NAME

6.4 City - ST- 7-P DiTY - ST - ZIP 14. Too hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an officer or director of the corp pration or the reviewer or trusted employee d to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.3 STREET ADDRESS

3.4 CITY - ST-ZIP

4.4 CHY - S1 - ZIC

5.4 CITY - ST - ZIP

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4.2 NAME 4.3 STREET ADORESS

5.1 Title

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