

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91337 044 \*\*\*550.00

DOCUMENT # **P95 000092362** ✓  
1. Entity Name  
**CMD Publishing Corporation**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**217 South Adams St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.  
**Same**

DO NOT WRITE IN THIS SPACE

City & State  
**Tallahassee FL**  
Zip  
**32301--**  
Country  
**Leon**

City & State  
**Same**  
Zip  
**Same**  
Country  
**Same**

4. FEI Number  
**593351790**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
**M. Juhan Nixon**  
Street Address (P.O. Box Number is Not Acceptable)

**217 South Adams Street**  
City **Tallahassee** **FL** Zip Code **32301**

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

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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**M. Juhan Nixon**  
**2630 Noble Drive**  
**Tallahassee FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary**  
**Garnet L. Dukes**  
**4631 Inishreer Dr.**  
**Tallahassee, FL 32308**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 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; that I am 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 on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**M. Juhan Nixon**

**5-2-02 850-222-2891**  
Date Daytime Phone #

CR2E034B (12/01)