

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90272 012 \*\*\*550.00

**DOCUMENT # P96000036196**

1. Entity Name  
**AMERICAN SPEAKERS BUREAU CORPORATION**

Principal Place of Business      Mailing Address  
**10151 UNIVERSITY BLVD # 197**      **10151 UNIVERSITY BLVD # 197**  
**ORLANDO FL 32817**      **ORLANDO FL 32817**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3357541**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

~~CANDY, FRANK~~  
~~5856 T G LEE BLVD STE 650~~  
~~SUITE 600~~  
~~ORLANDO FL 32822~~

*Wrong*

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

Name **CANDY, Frank**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10151 University Blvd # 197**  
 City **Orlando**      FL      Zip Code **32817**

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

8-31-01  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**

TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>CANDY, FRANK</b>
STREET ADDRESS	<b>5850 T G LEE BLVD STE 650</b>
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>Frank</del> <b>CANDY, Frank</b>
STREET ADDRESS	<b>10151 University Blvd # 197</b>
CITY-ST-ZIP	<b>Orlando, FL, 32817</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Frank Candy  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31-01  
 Date

407826-4248  
 Daytime Phone #

CR2E034 (5/01)