

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90224 046 ***150.00

DOCUMENT # P96000056898

1. Entity Name
SOUTH FLA MAGAZINE SERVICE, INC.



Principal Place of Business
**6043 KIMBERLY BLVD.
SUITE J
N. LAUDERDALE FL 33068
US**

Mailing Address
**6043 KIMBERLY BLVD.
SUITE J
N. LAUDERDALE FL 33068
US**



2. Principal Place of Business
5609 N.W. 84th Terr.

3. Mailing Address
5609 N.W. 84th Terr.

CHECK HERE IF MAKING CHANGES

City & State
Tamarac, FL.

City & State
Tamarac, FL.

4. FEI Number **65-0676603**

Applied For
Not Applicable

Zip **33351** Country

Zip **33351** Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELMS, CHRISTOPHER J
6043 KIMBERLY BLVD., SUITE J
N. LAUDERDALE FL 33068**

Name

Street Address (P.O. Box Number is Not Acceptable)
5609 N.W. 84th Terr.

City **Tamarac** FL Zip Code **33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required 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 State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D NELMS, CHRISTOPHER J	2599 NW 121 DR	CORAL SPRINGS FL 33065	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/16/03**

Daytime Phone #

AV 8000810

CR20034 (10/02)