2003 FOR PROFIT CORPORATION

FILED Apr 16, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P96000077563 DOCUMENT # 1. Entity Name 04-16-2003 90141 047 ***150.00 WCCN PUBLISHING, INC. Principal Place of Business Mailing Address 200 EXECUTIVE WAY 200 EXECUTIVE WAY PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3414577 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GLAZIER & GLAZIER** Street Address (P.O. Box Number is Not Acceptable) 8761 PERIMETER PARK BLVD **STE 103** JACKSONVILLE FL 32216 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. ☐ Addition Change TITLE Delete TITLE POLIZZI, THOMAS A NAME NAME STREET ADDRESS STREET ADDRESS 200 EXECUTIVE WAY CITY-ST-ZIP C(TY-ST-ZIP PONTE VEDRA BEACH FL 32082 TITLE Delete TITLE Change ☐ Addition NAME NAME POLIZZI, BERNADETTE C STREET ADDRESS STREET ADDRESS 200 EXECUTIVE WAY ** CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 TITLE Delete -TITLE -Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 all other like empowered.

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STREET ADDRESS

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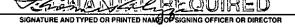
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