

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90044 005 ***150.00

DOCUMENT # P97000009672

1. Entity Name

WUN PUBLICATIONS, INC.

Principal Place of Business

7100 PEMBROKE ROAD
MIRAMAR FL 33023
US

Mailing Address

7100 PEMBROKE ROAD
MIRAMAR FL 33023

2. Principal Place of Business

10890 SW 27 Ct.
Suite, Apt. #, etc.
DAVIE FL
City & State
33328

3. Mailing Address

Suite, Apt. #, etc.
City & State
Zip
Country
USA

4. FEI Number

65-0641311

Applied For

Not Applicable

5. Certificate of Status Desired

67

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, HEIDI
7100 PEMBROKE ROAD
MIRAMAR FL 33023

10890 SW 27 Ct.
DAVIE FL
33328

7. Name and Address of New Registered Agent

Name
HEIDI RICHARDS
Street Address (P.O. Box Number is Not Acceptable)
10890 SW 27 Ct.
DAVIE FL 33328
City
FL
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]
[Signature Type] or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
3-8-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. 67
\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

RICHARDS, HEIDI

STREET ADDRESS

7100 PEMBROKE ROAD

CITY-ST-ZIP

MIRAMAR FL 33023

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P

NAME

RICHARDS, HEIDI

STREET ADDRESS

10890 SW 27 Ct.

CITY-ST-ZIP

DAVIE FL 33328

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE
[Signature]
HEIDI RICHARDS
3-8-06 954-683-4399

Signature and Typed or Printed Name of Signing Officer or Director

Date
3-8-06

Daytime Phone #
954-683-4399