## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # P97000024388 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name PERSONAL DEVELOPMENT PRESS, INC. 04-27-2000 90086 050 \*\*\*150.00 Principal Place of Business Mailing Address 4747 HOLLYWOOD BLVD., STE 148 4747 HOLLYWOOD BLVD., STE 148 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-6503 2. Principal Place of Business NOED BLUD はしひか Hollyward DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc PNB Applied For 4. FEI Number 65-0741507 Not Applicable \$8.75 Additional 5. Certificate of Status Desired BRQ (U) HED Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SINGER, BERNARD A Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET #B 4925-A SHERIDAN STREET HOLLYWOOD FL 33021 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FINESEN, TIMETRY J. Change Add (31 JEFPERSON JT. #30 ( 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE NAME SIMPSON, TIMOTHY J NAME STREET ADDRESS STREET ADDRESS 4747 HOLLYWOOD BLVD. #301 140 14 4 WOODD, FL 33000-5446 CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 TITLE Delete TITLE NAME OPPENHEIM, ROBERTA S NAME STREET ADDRESS STREET ADDRESS 6071 N.W. 61ST AVENUE #208 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33319 Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 it is 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. It is otherwise empowered.

(454) 922-0514

Daytime Phone #