


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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90194 046 ***150.00

DOCUMENT # P97000061383

1. Entity Name
GATEHOUSE CORPORATION



Principal Place of Business
**898 5TH AVENUE SOUTH
SUITE 302
NAPLES FL 34102**

Mailing Address
**P.O. BOX 3408
NAPLES FL 34108**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
229 No Collier Blvd

Suite, Apt. #, etc.

City & State
Marco Island, FL

City & State
Marco Island, FL

4. FEI Number **59-3483699** Applied For
Not Applicable

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

Zip Country Zip Country
34145 USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCHACHE, SUSANNE
2304 HARNER RUN
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Stephen R. Ostrow**

Street Address (P.O. Box Number is Not Acceptable)
229 No Collier Blvd

City **Marco Island** FL Zip Code **34145**

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 Stephen R. Ostrow DATE 2/10/03

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
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHACHE, HANS J	
STREET ADDRESS	2304 HARNER RUN	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SCHACHE, SUSANNE	
STREET ADDRESS	2304 HARNER RUN	
CITY-ST-ZIP	NAPLES FL 34105	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANS-DUITSMEIER-WO9 12	
STREET ADDRESS	80339 Munchen, Germany	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: HANS SCHACHE SIGNATURE REQUIRED DATE 2/10/03 Daytime Phone #

CR2E034 (10/02)