

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 08 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000095992 (8)

1. Corporation Name  
MILLENNIUM PARADIGM PUBLICATIONS, INC.



|   |   |
|---|---|
| Principal Place of Business<br>1819 MAIN STREET<br>SUITE 610<br>SARASOTA FL 34236 | Mailing Address<br>1819 MAIN STREET<br>SUITE 610<br>SARASOTA FL 34236 |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 449 NORTH SHORE DR<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 SARASOTA FL<br>Zip<br>24 34234 |  | 2a. Mailing Address<br>26 449 NORTH SHORE DR<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 SARASOTA FL<br>Zip<br>29 34234 |  | 3. Date Incorporated or Qualified<br>11/10/1997   |  |
|   |  |  |  | 4. FEI Number<br>APPLIED FOR  |  |
|   |  |  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |  |
|   |  |  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
|   |  |  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br>NORTON, SAM D<br>1819 MAIN STREET<br>SUITE 610<br>SARASOTA FL 34236 |  | 10. Name and Address of New Registered Agent<br>81 Name CHRISTOPHER K. CASWELL, P.A.<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>1215 N. PALM AVE.<br>83<br>84 City SARASOTA FL 85 Zip Code 34236 |  |
|--|--|---|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Christopher Caswell, President DATE 4/23/98

|                                       |      |  |                     |
|---------------------------------------|------|--|---------------------|
| 12. OFFICERS AND DIRECTORS            |      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |                     |
| TITLE <input type="checkbox"/> DELETE | NAME | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME                |
| STREET ADDRESS                        |      | 1.2 NAME   | DAVID OWEN RITZ     |
| CITY-ST-ZIP                           |      | 1.3 STREET ADDRESS   | 449 NORTH SHORE DR. |
|                                       |      | 1.4 CITY-ST-ZIP  | SARASOTA FL 34234   |
| TITLE <input type="checkbox"/> DELETE | NAME | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            | NAME                |
| STREET ADDRESS                        |      | 2.2 NAME   |                     |
| CITY-ST-ZIP                           |      | 2.3 STREET ADDRESS   |                     |
|                                       |      | 2.4 CITY-ST-ZIP  |                     |
| TITLE <input type="checkbox"/> DELETE | NAME | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            | NAME                |
| STREET ADDRESS                        |      | 3.2 NAME   |                     |
| CITY-ST-ZIP                           |      | 3.3 STREET ADDRESS   |                     |
|                                       |      | 3.4 CITY-ST-ZIP  |                     |
| TITLE <input type="checkbox"/> DELETE | NAME | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            | NAME                |
| STREET ADDRESS                        |      | 4.2 NAME   |                     |
| CITY-ST-ZIP                           |      | 4.3 STREET ADDRESS   |                     |
|                                       |      | 4.4 CITY-ST-ZIP  |                     |
| TITLE <input type="checkbox"/> DELETE | NAME | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            | NAME                |
| STREET ADDRESS                        |      | 5.2 NAME   |                     |
| CITY-ST-ZIP                           |      | 5.3 STREET ADDRESS   |                     |
|                                       |      | 5.4 CITY-ST-ZIP  |                     |
| TITLE <input type="checkbox"/> DELETE | NAME | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            | NAME                |
| STREET ADDRESS                        |      | 6.2 NAME   |                     |
| CITY-ST-ZIP                           |      | 6.3 STREET ADDRESS   |                     |
|                                       |      | 6.4 CITY-ST-ZIP  |                     |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/98 (941) 358-8677

CR2E034 (10/97)