

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096238

1. Entity Name

EAST COAST MAGAZINE SALES CORP.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90023 009 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O HAID & CO.  
13 CROWNLAND CIRCLE  
WEST SENECA NY 14224

C/O HAID & CO.  
13 CROWNLAND CIRCLE  
WEST SENECA NY 14224-4601

2. Principal Place of Business

4880 STACK BLVD.

3. Mailing Address

13 CROWNLAND CIRCLE

Suite, Apt. #, etc.

SUITE E1

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

WEST SENECA, NY 14224

Zip

Country

32901 USA

Zip

14224

Country

USA

4. FEI Number

58-2353963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GUGINO, ANTHONY  
1 KATE LAND COURT  
GETZVILLE NY 14068 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
GUGINO, DENISE  
1 KATE LAND COURT  
GETZVILLE NY 14068 ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)