

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90288 027 ***150.00

DOCUMENT # **P97000098311**

1. Entity Name
ARGENT PUBLISHING CORPORATION

| | |
|--|---|
| Principal Place of Business 3210 NAUTICAL WAY LANTANA FL 33462 | Mailing Address 3210 NAUTICAL WAY LANTANA FL 33462-3762 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 125 Hypoluxo Rd Suite, Apt. #, etc. F City & State Hypoluxo FL Zip 33462 | 3. Mailing Address 125 Hypoluxo Rd Suite, Apt. #, etc. F City & State Hypoluxo FL Zip 33462 |
| Country USA | Country USA |

| | | |
|------------------------------------|---|--|
| 4. FEI Number 65-0836373 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

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

6. Name and Address of Current Registered Agent
**MATUELLA, JOSEPH
 3210 NAUTICAL WAY
 LANTANA FL 33462**

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 _____ (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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|--|---|
| TITLE PD | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME MATUELLA, JOSEPH A | | NAME | |
| STREET ADDRESS 3210 NAUTICAL WAY | | STREET ADDRESS | |
| CITY-ST-ZIP LANTANA FL 33462 | | CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME JENNEYLA, PHILIPPE | | NAME | |
| STREET ADDRESS 3779-4 SANDPIPER DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP BOYNTON BEACH FL 33436 | | CITY-ST-ZIP | |
| TITLE ST | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME ZALEWSKI, DEBORAH | | NAME | |
| STREET ADDRESS 6 CARDIFF WAY | | STREET ADDRESS | |
| CITY-ST-ZIP LANTANA FL 33467 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: Deborah J Zalewski **Deborah J Zalewski** 4/19/00 561 5866500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)