

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90197 018 ***150.00

DOCUMENT # P98000002387

1. Entity Name
FISHERS OF MEN PUBLICATIONS, INC.

Principal Place of Business 446 NORTH EAST 32ND ST. OAKLAND PARK FL 33334 US	Mailing Address 161 N.W. 35 STREET OAKLAND PARK FL 33309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>161 N.W. 35 Street</i>	3. Mailing Address
Suite, Apt. #, etc. <i>Oakland Park, FL. 33309</i>	Suite, Apt. #, etc.
City & State	City & State

Zip <i>83309</i>	Country <i>U.S.</i>	Zip	Country
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4. FEI Number 65-0806654	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**WENDEL, PAMELA J
 161 N.W. 35 STREET
 OAKLAND PARK FL 33309**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	DP <input type="checkbox"/> Delete WENDEL, PAMELA J 161 N.W. 35 STREET OAKLAND PARK FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete WENDEL, MARK L 161 N.W. 35 STREET OAKLAND PARK FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete WENDEL, HEATHER M 161 NORTH WEST 35TH ST. OAKLAND PARK FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete NICOLO, LOUIS M 3310 PINE WALK DR. MARGATE FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Pamela J Wendel* Date: *4/26/01* Daytime Phone #: *954-568-2810*

CR2E034 (10/00)