2007 FOR PROFIT CORPORATION

Jan 16, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P98000012358** 01-16-2007 90216 021 ***150.00 OKOBOJI PUBLISHING CORP. Principal Place of Business Mailing Address C/O GEORGE STEWART C/O TAMMI SANDERHOFF 720 SOUTH GRANGE AVE. 240 S. Pineapple C/O TAMMI SANI SARASOTA, FL 34236 GARDNER, MA 01440 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0811960 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 720 SO ORANGE AVE 240 S. Prineapple Que, Ste 40/ PAYNE, L HOWARD ESQ. Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Recistered Agent storesture required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STEWART, GEORGE NAME PO BOX 122 1 STREET ADDRESS STREET ADDRESS CITY-ST-7P ARNOLDS PARK, IA CITY-ST-ZIP VTS TITLE ☐ Delete TITLE ☐ Change Addition SANDERHOFF, TAMMI NAME MAME STREET ADDRESS 15 RUSSELL ST STREET ADDRESS CITY-ST-ZIP GARDNER, MA 01440 CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change Addition STEWART, GREG NAME STREET ADDRESS **PO BOX 122** STREET ADDRESS CITY-ST-7IP ARNOLDS PARK, IA 51331 CITY-ST-7IP me ☐ Delete TITLE ☐ Change ☐ Addition NAME FRISK, THERESA NAME STREET ADDRESS 1705 COTTONWOOD CT STREET ADDRESS CITY-ST-ZIP YORKVILLE, IL 60560 CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition STEWART, SHARON NAME STREET ADDRESS 5903 TRUMPET SOUND CT. STREET ADDRESS CITY-ST-ZIP CLARKSVILLE, MD 21029 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attacting my with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STEWART, SCOTT

9009 DENNEY DR

MILAN, TN 38358

TITLE

STREET ADDRESS

CITY-ST-7IP

ammin

Delete

☐ Addition

☐ Change

FILED