FILED
Jul 14, 2003 8:00 am
Secretary of State
06-09-2003 90123 042 ***150.00
07-14-2003 90327 044 ***400.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021631

1. Entity Name
BEACON DIRECT MAIL COMPANY, INC.

10109807

[redacted]

Principal Place of Business	Mailing Address
2613 OAK BROOK DRIVE WESTON FL 33332	2613 OAK BROOK DRIVE WESTON FL 33332

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2613 OAKBrook DR	2613 OAKBrook Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston FL	City & State: Weston FL
Zip: 33332 Country: Broward	Zip: 33332 Country: Broward

4. FEI Number 65-0818653 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAMA, FERNANDO G
2613 OAK BROOK DRIVE
WESTON FL 33332

7. Name and Address of New Registered Agent
Name: Fernando SAMA
Street Address (P.O. Box Number is Not Acceptable): 2613 OAK Brook Drive
City: Weston FL Zip Code: 33332

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: Fernando Sama Registered Agent 5-3-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SAMA, FERNANDO G	
STREET ADDRESS	2613 OAKBROOK DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	D	☐ Delete
NAME	MOSCHELLA, SAMUEL R	
STREET ADDRESS	7372 PINEWALK DR S	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sama / Registered Agent 5-3-03 305-778-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #