

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91449 005 \*\*\*150.00

0301537 AV

DOCUMENT # P98000038128

1. Entity Name  
SOUTH DADE YELLOW PAGES, INC.



Principal Place of Business <del>14707 S DIXIE HWY</del> <del>PH 403</del> <del>MIAMI FL 33176</del> <del>US</del>	Mailing Address <del>14707 S DIXIE HWY</del> <del>PH 403</del> <del>MIAMI FL 33176</del> <del>US</del>
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2. Principal Place of Business 2355 S.E. 7th Place Suite, Apt. #, etc.	3. Mailing Address 2355 S.E. 7th Place Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State Homestead, Florida	City & State Homestead, Florida	4. FEI Number 65-0835537	Applied For <input type="checkbox"/> Not Applicable
Zip 33033	Country USA	Zip 33033	Country USA

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

6. Name and Address of Current Registered Agent  
MAHONEY, DIANN K  
14707 S DIXIE HWY  
PENTHOUSE 403  
MIAMI FL 33176

7. Name and Address of New Registered Agent  
Name: Mahoney, Diann K.  
Street Address (P.O. Box Number is Not Acceptable): 2355 S.E. 7th Place  
City: Homestead FL Zip Code: 33033

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: Diann K. Mahoney Diann K. Mahoney - Pres. May 1, 2003  
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		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/> Delete
NAME	MAHONEY, DIANN K	
STREET ADDRESS	14707 S DIXIE HWY PH 403	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAHONEY, DIANN K	
STREET ADDRESS	10664 S.W. 186TH STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Mahoney, Diann K.		
STREET ADDRESS	2355 S.E. 7th Place		
CITY-ST-ZIP	Homestead, FL 33033		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: Diann K. Mahoney Diann K. Mahoney - Pres. 5/1/03 233-2660 (305)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)