1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90045 021 ***150.00

DOCUMENT #	P98000040801
1 Corporation Name	. 000000.

LEGAL NOTICE CHANNEL, INC.

Principal Place of Business

Mailing Address

2704 OAKMONT COURT 2704 OAKMONT COURT FORT LAUDERDALE FL 33332 FORT LAUDERDALE FL 33332		DO NOT WRITE IN TH	IS SPACE	
			3. Date Incorporated or Qualifed	
			05/05/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		Applied for	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year I	
24 25	29 30	n ´	Personal Property Tax.	☐ Yes 🕽 😿
9. Name and Address of Current Registered Agent		' T	10. Name and Address of New Registere	d Agent
CORPORATION SERVICE COMPAN		81 Name	Levin JAV/	or
1201 HAYS STREET	-	82 Street Addre	ss (P.O. Box Number is Not Acceptable)	n + Court
TALLAHASSEE FL 32301-2525		83	CIOT COUNTION	"I Cour
	7	84 City Fo	A Landendal F	L 85 33332
11. Pursuant to the provisions of Sections 607.03 office or registered agent, or both in the Stat agent. I am familiar with, a accept the oblig	e of Florida. Such change was auth	orized by the corporatio	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its registered cointment as registered
SIGNATURE AUXILIA		gistered Agent signature required	when reinstating) DATE	4/25/98
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME TAYLOR, KEVIN Z		1.2 NAME		
STREET ADDRESS 2704 OAKMONT COURT		1.3 STREET ADDRESS		

FORT LAUDERDALE FL 33332 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 2.2 NAME NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP

DELETE

STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ar report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or address, with all other like empowered

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

TITLE

NAME

Change

Change

Change

Change

CR2E034 (11/98)

☐ Addition

Addition

☐ Addition

☐ Addition