## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P98000047828 May 10, 2000 8:00 am 1. Entity Name Secretary of State RELEASE CENTER INC. 05-10-2000 90122 008 \*\*\*150.00 Mailing Address Principal Place of Business 1575 N.W. 14TH STREET 1575 N.W. 14TH STREET MIAMI FL 33125-2611 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address sciend ST 502 Selon みかる DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 丼つのY 4. FEI Number Applied For APPLIED FOR Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired JSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMS FOSTER, BLAIR Street Address (P.O. Box Number is Not Acceptable) 2200 MARTIN LUTHER KING <u>Secound</u> FT. MYERS FL 33901 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. (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Preside ~T **℃** Change ☐ Addition TITLE PVDS ☐ Delete TITLE Frank ADAMS FOSTER, BLAIR NAME NAME 2502 Second ST. #704 STREET ADDRESS STREET ADDRESS 1575 NW 14TH ST Fragels FI CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 Vice President Addition 2 ☐ Delete TITLE TITLE NAME NAME Thomas HASKELL おりのす STREET ADDRESS STREET ADDRESS 2502 Second ST) CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F Change NAME Frank ADAMS NAME 1502 SCIENTST. #704 STREET ADDRESS STREET ADDRESS CITY-ST-7IP TIMYUS FI CITY-ST-ZIP ☐ Addition Delete TITLE Secretary TITLE Thomas HASICELL NAME NAME STREET ADDRESS STREET ADDRESS 2502 second st CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.