2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-23-2003 90063 024 ***125.00
05-19-2003 90203 009 ****25.00

DOCUMENT # P98000077519

1. Entity Name
INDIAN RIVER REPORTING, INC

Principal Place of Business	Mailing Address
1550 SE NORTH BLACKWELL DRIVE PORT ST. LUCIE FL 34952	1550 SE NORTH BLACKWELL DRIVE PORT ST. LUCIE FL 34952

2. Principal Place of Business	3. Mailing Address
5230 COMPASS POINTE CIRCLE	5230 COMPASS POINTE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BEACH, FL	City & State: VERO BEACH, FL
Zip: 32966 Country: USA	Zip: 32966 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0863825 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOUK, KRISTEN A 1550 SE NORTH BLACKWELL DRIVE PORT ST. LUCIE FL 34952	Name: KRISTEN A HOUK Street Address (P.O. Box Number is Not Acceptable): 5230 COMPASS POINTE CIRCLE City: VERO BEACH FL Zip Code: 32966

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: ADDRESS CHANGE ONLY
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOUK, KRISTEN A 1550 SE N. BLACKWELL DR PT. ST LUCIE FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY 5230 COMPASS POINTE CIRCLE VERO BEACH, FL 32966	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 4/21/03 772/562-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #