

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90092 010 ***150.00

DOCUMENT # P98000089473

1. Entity Name
GUY & LOLLIPOP PUBLISHING, INC..

Principal Place of Business Mailing Address
1440 CORAL RIDGE DR. **1440 CORAL RIDGE DR.**
SUITE 247 **SUITE 247**
CORAL SPRINGS, FL 33071 **CORAL SPRINGS, FL 33071**

2. Principal Place of Business 3. Mailing Address
807 S.W. 119 WAY **807 S.W. 119 WAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAVIE, FLORIDA **DAVIE, FLORIDA**

Zip Country Zip Country
33325 **USA** **33325** **USA**

4. FEI Number Applied For
65-0869781 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MESSEROFF, ALEC M
C/O AMM CONSULTING, INC.
807 S.W. 119 WAY
DAVIE, FL 33325

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P, D	<input type="checkbox"/> Delete
NAME	SALEM, STEVE	
STREET ADDRESS	11542 LAKEVIEW DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	V, D	<input type="checkbox"/> Delete
NAME	SALEM, DAWN	
STREET ADDRESS	11542 LAKEVIEW DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	T, S, D	<input type="checkbox"/> Delete
NAME	MESSEROFF, ALEC	
STREET ADDRESS	807 SW 119 WAY	
CITY-ST-ZIP	DAVIE, FL 33325	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALEC M. MESSEROFF** 4/29/00 (954) 474-8791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)