

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094573

1. Entity Name

NAKED EYE EDITORIAL, INC.

Principal Place of Business

2910 BAY TO BAY BLVD.
SUITE 300
TAMPA FL 33629
US

Mailing Address

2910 BAY TO BAY BLVD.
SUITE 300
TAMPA FL 33629
US

2. Principal Place of Business

2208 WEST SWANN AVE.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33606

Country

USA

3. Mailing Address

2208 WEST SWANN AVE.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33606

Country

USA

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PSD
NAME BENNETT, KATHERINE L
STREET ADDRESS 572 LUZON AVENUE
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE VTD
NAME BENNETT, RICHARD J
STREET ADDRESS 572 LUZON AVENUE
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Katherine L. Bennett President
Katherine L. Bennett Naked Eye Editorial, Inc.

4-9-01 (813)254-6161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90108 031 ***150.00

549100



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3541220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)