

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009771

1. Entity Name
GAZETTE NEWSPAPER GROUP, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90718 031 ***150.00



Principal Place of Business
1541 NW 185TH WAY
PEMBROKE PINES FL 33029

Mailing Address
P.O. BOX 824702
SOUTH MONDA FL 33082
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
South Florida

4. FEI Number

65-0919872

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTSCHUL, JOSEPH E ESQ.
2700 S. COMMERCE PKWY., S-305
WESTON FL 33331

Name

Edward Brian

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

1541 NW 180TH way

City

Pembroke Pines

FL

Zip Code

33029

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
PRIORE, EDWARD
1541 NW 180TH WAY
PEMBROKE PINES FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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Change Addition

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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/02

954 450 1179

Date

Daytime Phone #

CR2E034 9/01