

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90007 038 \*\*\*550.00

**DOCUMENT # P99000023007**1. Entity Name  
**TRANS CONTINENTAL PUBLISHING, INC.**Principal Place of Business  
**7380 SAND LAKE RD., STE. 350  
ORLANDO FL 32819**Mailing Address  
**7380 SAND LAKE RD., STE. 350  
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3570488**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****7. Name and Address of New Registered Agent****PEARLMAN, LOUIS J  
7380 SAND LAKE RD  
SUITE 350  
ORLANDO FL 32819**

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

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, 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**TITLE **D** ☐ Delete  
NAME **PEARLMAN, LOUIS J**  
STREET ADDRESS **9235 RIDGE PINE TRAIL**  
CITY-ST-ZIP **ORLANDO FL 32819**TITLE **D** ☒ Change ☐ Addition  
NAME **Pearlman, Louis J.**  
STREET ADDRESS **7380 Sand Lake Rd Suite 350**  
CITY-ST-ZIP **Orlando FL 32819**TITLE **D** ☐ Delete  
NAME **FISCHETTI, ROBERT**  
STREET ADDRESS **7380 SAND LAKE RD., STE. 350**  
CITY-ST-ZIP **ORLANDO FL 32819**TITLE ☐ Change ☐ Addition  
NAME  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert Fischetti**

Date

**7/29/02**

Daytime Phone #

**407-345-0004**

CR2E034 (9/01)