

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000625947

1. Entity Name

MAGAZINE SYSTEMS INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

2155 N ST RD 7

3. Mailing Address

2155 N ST RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

MARGATE FL

Zip

33063

Country

Broward

Zip

33063

Country

Broward

4. FEI Number

☒ 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

TITONE, ANTHONY J.
7471 W. Oakland PK Blvd
Lauderhill FL 33319

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D Titone Anthony
STREET ADDRESS 7471 W Oakland PK Blvd
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE NAME ☐ Change ☒ Addition
D STEVENS, W.A.
STREET ADDRESS 2155 N ST RD 7
CITY-ST-ZIP MARGATE FL 33063

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.A. Stevens

4/27/00

Date

954-979-6800

Daytime Phone #

CR2F034 (9/99)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90025 050 ***158.75

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DO NOT WRITE IN THIS SPACE