

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000031770****1. Entity Name**  
I-PUBLISHING, INCORPORATED**Principal Place of Business**

1343 MAIN STREET #200

SARASOTA  
34236

FL

**Mailing Address**

1343 MAIN STREET #200

SARASOTA  
34236

FL

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

P. O. BOX 1722

Suite, Apt. #, etc.

**City & State**City & State  
SARASOTA

FL

**Zip****Country**Zip  
34230**Country****4. FEI Number****65-0911710****Applied For****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**STRASCHNOV GEORGE JESQ.  
27 FLETCHER AVENUESARASOTA  
34237

US

FL

**7. Name and Address of New Registered Agent****Name**

KING STEVEN A

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

250 BEARDED OAKS DRIVE

City  
SARASOTA

FL

Zip Code  
34232**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 STEVEN A. KING**

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

(NOTE: Registered Agent signature required when reinstating)

**04/28/2000**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	KING STEVEN	250 BEARDED OAKS DRIVE	SARASOTA FL 34232	

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: Steven A. King****DATE: 04/28/2000**