## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AL

## FILED Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P99000034369 1. Entity Name 04-30-2002 90228 001 \*\*\*150.00 URDU TIMES ADVERTISING INC. Principal Place of Business Mailing Address 3121 NW 47 TERRACE, #318 3121 NW 47 TERRACE, #318 357050 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0923595 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AKHTAR, MASOOD Street Address (P.O. Box Number is Not Acceptable) 3121 NW 47 TERRACE, #318 LAUDERDALE LAKES FL 33319 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME AKHTAR, MASOOD NAME STREET ADDRESS 3121 NW 47TH TERR 318 STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33319 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete... TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 jetport 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 of 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.

4.16.02

Daytime Phone #