2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # P9900070511 Aug 21, 2000 8:00 am Secretary of State 1. Entity Name AFFILIATED PRESS, INC. 08-21-2000 90205 050 ***150.00 Principal Place of Business Mailing Address 2842 16 AVE NORTH 2842 16 AVE NORTH ST PETERSBURG FL 33713 ST PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 366 Not Applicable 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 BURNS, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 2842 16 AVE NORTH ST PETERSBURG FL 33713 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, typed or printed name of registered agent and title if applicable. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE President ☐ Addition FROMAS J. BURNS NAME NAME 2842 16th Ave N. STREET ADDRESS STREET ADDRESS st. Petersburg, FL 337/3 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Delete TITLE ☐ Addition NAME NAME STRÉÉT ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ----- □ Change ☐ Addition ☐ Delete 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 Change ☐ Addition Delete TITLE 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 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

ACO 13404

FL Deft of STATE DIV of Corps fo. Box 6327 TAllahassee, FL32314

A DAYTIME Phone It is.

WK:727-328-7770 HM: 727-321-6216

attachners pg9000000511 ACO 73404

Affiliated Press, Inc.

2842 1 6TH AVENUE NORTH SAINT PETERSBURG, FLORIDA 3371 3 TELEPHONE: (727) 328-7770

July 10, 2000

Uniform Business Report Division Of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

The purpose of this letter is to bring to your attention Affiliated Press, Inc. and to provide you with this letter of explanation as requested. Last Friday the 7th of July, I received a letter from DOC indicating that you did not receive our uniform business report filing for this year. I immediately called the division of corporations and explained that I had mailed it back in march along with a money order #mo4723287633 22 in the amount of \$150.00. During my conversation I agreed to immediately purchase another money order and send it right in. I will have the original money order cancelled as it has apparently been lost in the mail. Attached is the new money order which I ask that you accept as our payment in full for the Uniform Business Report Filing for the year 2000.

Regards,

Thomas Burns
President