2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am Secretary of State DOCUMENT # P99000100217 1. Entity Name AFRICANPUBLISHERS.COM, INC. 05-14-2002 90035 016 ***150.00 Principal Place of Business Mailing Address 4773 RICHMOND MEWS P.O. BOX 18469 HAVENHILL FL 33415 WEST PALM BEACH FL 33416-8469 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 65-0962520 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IVORY, GWENDOLYN Street Address (P.O. Box Number is Not Acceptable) 4773 RICHMOND MEWS HAVENHILL FL 33415 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 rainstating) 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) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO TITLE ☐ Delete TITLE ☐ Change Addition IVORY, GWENDOLYN NAME NAME 4773 RICHMOND MEWS STREET ADDRESS STREET ADDRESS HAVENHILL FL 33415 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition IVORY, GWENDOLYN NAME NAME **4773 RICHMOND MEWS** STREET ADDRESS STREET ADDRESS HAVENHILL FL 33415 CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete TITLE Change ☐ Addition IVORY, LEE NAME NAME 4773 RICHMOND MEWS STREET ADDRESS STREET ADDRESS HAVENHILL FL 33415 CITY-ST-ZIP CITY-ST-ZIP 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 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED