


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90161 017 ***150.00

DOCUMENT # V13486	
1. Entity Name FLORIDA COMMUNITY PAPERS ADVERTISING NETWORK, INC.	

Principal Place of Business P.O. BOX 1149 SUMMERFIELD FL 34492-1149	Mailing Address P.O. BOX 1149 SUMMERFIELD FL 34492-1149
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3110612	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWHARTH, DAVID J
12015 SE 55TH AV RD
BELLEVUE FL 34420**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	AUTREY, DAN	
STREET ADDRESS	108 CHURCH ST	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROCKWELL, CARLA	
STREET ADDRESS	1401 OAKFIELD DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILLIER, RHONDA	
STREET ADDRESS	2905 E. BUS 98	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLAIS, STEVE	
STREET ADDRESS	245 A S WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUZMAN, CALHOS	
STREET ADDRESS	11900 SW 128 STREET	
CITY-ST-ZIP	MIAM FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TABOR, MIKE	
STREET ADDRESS	4645 HWY. 19-A	
CITY-ST-ZIP	MT. DORA FL 32757	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES DELATORRE	
STREET ADDRESS	2251 NW 41ST ST. #B	
CITY-ST-ZIP	GAINESVILLE, FL. 32606	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Steve Blais**
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03 **(386) 736-2880**
Date Daytime Phone #

CR2E034 (10/02)