2001 [illegible]O UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23382

Entity Name

MARKET PLACE PUBLISHING COMPANY

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91178 010 ***150.00

Principal Place of Business	Mailing Address
~~44770 140TH AVE NORTH~~	~~44770 140TH AVE NORTH~~
~~SUITE 418~~	~~SUITE 418~~
~~CLEARWATER FL 33762~~	~~CLEARWATER FL 33762~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
935 MAIN STREET	SAME
Suite, Apt. #, etc: B-2	Suite, Apt. #, etc
City & State: SAFETY HARBOR, FL	City & State
Zip: 34695 Country: USA	Zip

4. FEI Number 59-3109463 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~JASSO, GREGORY~~	Name: JEFFREY D. GRIFFITH
~~4770 140TH AVE NORTH~~	Street Address (P.O. Box Number is Not Acceptable): 935 MAIN STREET
~~CLEARWATER FL 33762~~	A-2
	City: SAFETY HARBOR, FL Zip Code: 34695

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] JEFFREY D GRIFFITH 4/30/01

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	DP	☐ Delete
NAME	JASSO, GREGORY	
STREET ADDRESS	2717 SEVILLE BLVD #6306	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	DT	☐ Delete
NAME	GRIFFIN, JEFFREY D	
STREET ADDRESS	3102 HAVERFORD DR	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	DS	☐ Delete
NAME	MATHANY, DAVID S	
STREET ADDRESS	209 PARK STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [signature] JEFFREY D. GRIFFITH 4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE