2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 8:00 am Secretary of State 01-31-2008 90025 012 ***150.00

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1. Entity Name

OASÍS PU	JBLISHING, INC.		(
Principal Place	e of Business	Mailing Address	Mailing Address		40014	<i>362</i>			
201 N. 8TH S		9130 S. DADELAND BL	.VD		400				
SUITE 300		SUITE 1209							
LINCOLN, NE	68508	MIAMI, FL 33156 U	JS .	•					
Principal Place of Business - No P.O. Box # Mailing Addre			•						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01272008	Chg-P	CR2E034	(12/06)	
City & State		City & State	City & State		4. FEI Number 47-0741	646		_ 	plied For t Applicab
Zip Country		Zip	Zip Country		5. Certificate o	f Status Desired		3.75 Add e Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New F	legistered Age	arrit	
			Ì	Name					
ROJAS, JO 9130 S. DA SUITE 120	ADELAND BLVD		Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	· -								
				City			FL	Zip Code	₽
	named entity submits this statement lions of registered agent.	for the purpose of changing its	registered	office or register	red agent, or both	, in the State of Fk	orida. Iam fam	iliar with,	and accer
SIGNATURE.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered A	Agent signature required	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Cont			.00 May Be ded to Fees				
10.	OFFICERS ANI		11.	70-6		HANGES TO OFF			
MLE	PT DICHARD	☐ Delete	TITLE NAME	PT		21016AZZ A)	4.Change	Additie Additie
NAME STREET ADDRESS	QUALSETT, RICHARD 1 HUGHES CENTER DR #1402)	4	ADDRESS) H	ALSETT, 1 HUGHES C		#140	1	
CITY-ST-ZIP	LAS VEGAS, NV 89169	•	CITY-S	T-ZIP	5 VEGAS	N/V 89	169	7 -	
TITLE	VPS	☐ Defete	TITLE	VS		7,44 01		2 Change	Addition
NAME	SMITH, CRAIG	22 04,000	NAME	3M	ITH, CRA	16			
STREET ADDRESS	941 O ST., #800		STREET	ADDRESS 59	17H, CRA	14N ROAI	δ_		
CITY-ST-ZIP	LINCOLN, NE 68512		CITY-S	T-ZIP	NEOCN, A	IE 685	12		
TITLE	STD	Delete	TITLE		•			_ Change	Additio
NAME	QUALSETTE, DICK	• •	NAME	LDDOFFIG					
STREET ADDRESS CITY-ST-ZIP	941 O ST., #800 LINCOLN, NE 68508		CITY-S	TADORESS ST. 70P					
TITLE	D D	Detete	TITLE	7				4. Change	Additio
NAME	HEIR, RICHARD	C Detect	NAME	He	IER RI	CHARD.	, <u>,</u>	2 Criange	L Addition
STREET ADDRESS	352 LAKESHORE DR			ADDRESS 35	9- IAICE.	HORE UN	۷. ا		
CITY-ST-ZIP	LINCOLN, NE 68528		CMY-S	T-ZIP L	TER RI BLAKE	NE 68	528		
ΠLE		☐ Delete	IIILE			·		Change	Additio
NAME			NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S	51- ZIP					
TITLE		Delete	TITLE				Ł	Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-S						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.