

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0204831 AV

04-01-2002 90159 044 ***150.00

DOCUMENT # F96000000889
 1. Entity Name
OASIS PUBLISHING, INC.

Principal Place of Business 941 O ST., #800 LINCOLN NE 68508	Mailing Address 701 BRICKELL AVE SUITE 3000 MIAMI FL 33131
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 220 ALHAMBRA CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 350	
City & State		City & State CORAL GABLES FL	
Zip	Country	Zip 33134	Country US

4. FEI Number 47-0741646	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROJAS, JOSE I ESQ
MIAMI CENTER, SUITE 3000
701 BRICKELL AVE STE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
220 ALHAMBRA CIRCLE
SUITE 350
 City **CORAL GABLES FL** Zip Code **33134**

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 **JOSE I. ROJAS** DATE **3/5/02**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ABRAHAMS, DAVID 941 O ST., #800 LINCOLN NE 68508	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, CRAIG 941 O ST., #800 LINCOLN NE 68508	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD QUALSETTE, DICK 941 O ST., #800 LINCOLN NE 68508	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **3-20-02** **402-476-0666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)