

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90039 032 \*\*\*150.00

**C0053269**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** F09000003902

**1. Entity Name** Group IV Media, Inc ✓

**Principal Place of Business** PO Box 8181  
Winter Park, FL  
32790-8181

**Mailing Address** Same

**2. Principal Place of Business** Same

**3. Mailing Address** Same

Suite, Apt. #, etc. \_\_\_\_\_

City & State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

**4. FEI Number** 59-3573753 Applied For  Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

George R. James, Esq.  
4230 S. Macdill Ave, Ste K  
Tampa, FL 33611

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ State 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.**

SIGNATURE \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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**

TITLE <u>PI/Direc</u>	<input type="checkbox"/> Delete
NAME <u>Luc Burkhardt</u>	
STREET ADDRESS <u>PO Box 8181</u>	
CITY-ST-ZIP <u>Winter Park, FL 32790-8181</u>	
TITLE <u>VP/Sec/Treas.</u>	<input type="checkbox"/> Delete
NAME <u>George R. James</u>	
STREET ADDRESS <u>4230 S. Macdill Ave, Ste K</u>	
CITY-ST-ZIP <u>Tampa, FL 33611</u>	
TITLE <u>VP</u>	<input type="checkbox"/> Delete
NAME <u>James (Jay) Ottaway</u>	
STREET ADDRESS <u>125 E 83rd Street, Ste 10</u>	
CITY-ST-ZIP <u>New York, NY 10028</u>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	

**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:** Luc S. Burkhardt **2-18-2000** (407) 645-3500

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

CR2E034 (9/99)