

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

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90235 007 ***550.00

DOCUMENT # P00000006272

1. Entity Name

20/20 Media Holdings, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3055 Vest Road

Suite, Apt. #, etc.

3. Mailing Address

3055 Vest Road

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

4. FEI Number

59-3616900

Applied For

Not Applicable

Zip

34772

Country

USA

Zip

34772

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Davis, Joel C.

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

3055 Vest Road

City

St. Cloud

FL

Zip Code

34772

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP
P/D	Davis, Joel C.	3055 Vest Road	St. Cloud, FL 34772
S/D	Davis, Robin E.	3055 Vest Road	St. Cloud, FL 34772
D	Owen, Phillip C.	1509 Sunset Pt.	Kissimmee, FL 34744

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joel C. Davis

6/30/02

407-892-3885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)