

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90961 043 ***150.00

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DOCUMENT # P00000054992

1. Entity Name
SPECTRUM COMMUNICATIONS MEDIA GROUP, INC.



Principal Place of Business
146 4TH AVE., N.
SAFETY HARBOR FL 34695

Mailing Address
146 4TH AVE., N.
SAFETY HARBOR FL 34695

11020908



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 877
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Safety Harbor FL

Zip 34695 **Country** Anelias

4. FEI Number 59-3652057 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, LINDA
1929 BAYSHORE COURT
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name SILVA, LINDA
Street Address (P.O. Box Number is Not Acceptable) 300 PARK BLVD
City SAFETY HARBOR FL **Zip Code** 34677

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE PD NAME SILVA, LINDA STREET ADDRESS 30 PARK BLVD CITY-ST-ZIP OLDSMAR FL 34677	<input type="checkbox"/> Delete
TITLE VD NAME HALL, JACK STREET ADDRESS 300 PARK BLVD. CITY-ST-ZIP OLDSMAR FL 34677	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SILVA, LINDA STREET ADDRESS 300 PARK BLVD CITY-ST-ZIP OLDSMAR FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **LINDA SILVA** 727-724-8433

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

CR2E034 (10/02)