## 2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # P00000085389 04-25-2001 90351 001 \*\*\*300.00 TBL MEDIA, INC. Principal Place of Business Mailing Address 1814 SHERWOOD CIR 1814 SHERWOOD CIR CLEARWATER FL 33602 CLEARWATER FL 33602 2. Principal Place of Business 3. Mailing Address If to Bay Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Not Applicable Country Zip Country 8.75 Additional 5. Certificate of Status Desired 45 A Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name No-chance SMITH. DARRELL C Street Address (P.O. Box Number is Not Acceptable) 1814 SHERWOOD CIR Kennedy **CLEARWATER FL 33602** Zip Code Tam 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME MARKE DAVIS, RICHARD J 2963 GWF to Bay Blvd. Sw. 12325 STREET ADDRESS STREET ADDRESS 1814 SHERWOOD CIR CITY-ST-ZIP CITY-ST-ZIP 33159 CLEARWATER FL 33602 TITLE nuona Nauyen 2963 GILLETO Bay Blue. SLITE 35 NAME NAME STREET ADDRESS STREET ADDRESS awater FL CITY-ST-20A CITY-ST-ZN ☐ Change ☐ Addition TILE □ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z# CITY-ST-ZIP TIRE ☐ Delate ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 matter under oath; that I am an officer or director of the corporation or the receiver furusted empowered to exempte 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 Rick Davis SIGNATURE:

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