

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90721 001 \*\*\*300.00

AV 01140004

**DOCUMENT # P00000085389**

1. Entity Name  
**TBL MEDIA, INC.**



Principal Place of Business  
**2963 GULF TO BAY BLVD  
SUITE 325  
CLEARWATER FL 33759**

Mailing Address  
**2963 GULF TO BAY BLVD  
SUITE 325  
CLEARWATER FL 33759**



2. Principal Place of Business  
**304 S. BELCHER RD.**

3. Mailing Address  
**See left**

Suite, Apt. #, etc.  
**CLEARWATER, FL**

Suite, Apt. #, etc.

City & State  
**33765**

City & State

4. FEI Number **59-3676312**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip **↑** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, DARRELL C  
101 E KENNEDY BLVD  
SUITE 2800  
TAMPA FL 33602**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **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. I am familiar with, and accept the obligations of registered agent.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DAVIS, RICHARD J</b>
STREET ADDRESS	<b>2963 GULF TO BAY BLVD SUITE 325</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>NGUYEN, THUONG</b>
STREET ADDRESS	<b>2963 GULF TO BAY BLVD STE 325</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/6/03** Daytime Phone # **127/224/9595**

CR2E034 (10/02)