2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90102 024 ***150.00

DOCUMENT # P02000009616

1. Entity Name
SIGN MEDIA SYSTEMS, INC.

Principal Place of Business	Mailing Address
1623 W. UNIVERSITY PARKWAY SARASOTA FL 34243	1623 W. UNIVERSITY PARKWAY SARASOTA FL 34243

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2100 19th Street		2100 19th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota FL		City & State: Sarasota FL	
Zip: 34234	Country: Sarasota	Zip: Sarasota	Country: 34234

4. FEI Number 02-0555904 ☐ Applied For ☐ Not Applicable

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
BELLE, MICHAEL J 2364 FRUITVILLE ROAD SARASOTA FL 34237	Name: Abraham Uccello Street Address (P.O. Box Number is Not Acceptable): 1637 Mecca Drive City: Sarasota FL 34234

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]
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	UCCELLO, ANTHONY	NAME	
STREET ADDRESS	~~1623 W. UNIVERSITY PARKWAY~~ 2100 19th St.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL ~~34243~~ 34234	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	UCCELLO, ABRHAM	NAME	
STREET ADDRESS	~~1623 W. UNIVERSITY PARKWAY~~ 2100 19th St.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL ~~34243~~ 34234	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 — Daytime Phone #