

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-02-2003 90256 015 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000046217		
1. Entity Name SYNAPSE MEDIA INC.		
Principal Place of Business 3400 CRYSTAL CT. W. SUITE P PALM HARBOR, FL 34685		Mailing Address 3400 CRYSTAL CT. W. SUITE P PALM HARBOR, FL 34685
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. Name and Address of Current Registered Agent VASILE, DANIEL 3400 CRYSTAL CT. W. SUITE P PALM HARBOR, FL 34685		4. FEI Number 35-2167749 Applied For Not Applicable
5. Name and Address of New Registered Agent		5. Certificate of Status Desired ☐ \$3.75 Additional Fee Required
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
6. 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 converting)		
7. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete President Daniel Vasile 3400 Crystal Ct # P Palm Harbor, FL 34685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 199.07(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 of the information.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		4-27-03 Date

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☐ CHECK HERE IF MAKING CHANGES

CREC104 (10/02)

727-692-0835