## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P93000038329 1. Entity Name GOLD STANDARD MULTIMEDIA INC. 04-02-2001 90054 031 \*\*\*150 00 Mailing Address Principal Place of Business 320 W. KENNEDY BLVD 320 W. KENNEDY BLVD STE 400 STE 400 **TAMPA FL 33629** TAMPA FL 33606 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3171676 Not Applicable Country Country **\$8.75** Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **B&C CORPORATE SERVICES, INC.** Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD. **SUITE 3000** MIAMI FL 33131 Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 PDC ☐ Delete TITLE D SEYMOUR, JONATHAN NAME NAME LOMBARDI, JOHN 320 W KENNEDY BLVD STE 400 STREET ADDRESS STREET ADDRESS 7916 SW 43RD DRIVE GAINESVILLE, FL 32608 CITY-ST-ZIP TAMPA FL 33606 CITY-ST-7IP Addition Delete TITLE ☐ Change TITLE NOBLE, RICK NAME OLVEY, DONNE NAME 6200 S. SYRACUSE WAY STE 300 STREET ADDRESS 3486 LA ROCHELLE DRIVE STREET ADDRESS CITY-ST-ZIP COLUMBUS, OH 43221 ENGLEWOOD CO 80111-4740 CITY-ST-ZIP Addition Change TITLE ☐ Delete MCGURN, KENNETH THOMAS ... RUSSELL ----. NAME. NAME STREET ADDRESS 101 SE 2ND PLACE, STE 202 320 W. KENNEDY BLVD STE 400 STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601 CITY-ST-ZIP TAMPA, FL 33606 Change ☐ Addition TITLE ☐ Delete TITLE LOWY, SHERMAN NAME NAME 4800 WILDWOODE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP DELRAY BCH FL 33445 Change ☐ Addition TITLE ☐ Delete TITLE MALPERIN, JEROME HALPERIN, JEROME NAME 15401 TIERRA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SILVER SPRING MD 20906 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

13. 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 receive for trustee empowered to execute 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 with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

FOWLER, DAVID

3204 NW 57TH TERR

**GAINSVILLE FL 32606** 

TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR