## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P9400094206 May 01, 2000 8:00 am 1. Entity Name BAY SOUTH MEDIA, INC. **Secretary of State** 05-01-2000 90389 047 \*\*\*150.00 Mailing Address Principal Place of Business 1514 12TH ST W P. O. BOX 1117 PALMETTO FL 34220-1117 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0544493 Not Applicable \$8.75 Additional Country 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 WEBB, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 2172 HILLVIEW ST SARASOTA FL 34239 Zip Code City 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) 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, Addition PSTD TITLE Change ☐ Delete TITLE LIVELY, RODGER M NAME NAME STREET ADDRESS STREET ADDRESS 1514 12TH ST W CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS SIRGE, ADDRESS CITY-ST-ZIP ST-7(P Change Addition Delete TITLE NAME

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

.... ADDRESS

ST-ZIP

M. Lively 4-21-00 941-7