

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031109

1. Entity Name

ZERO-ONE DIGITAL MEDIA, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90097 003 ***150.00

Principal Place of Business

1310 CHOWKEEBIN NENE
TALLAHASSEE FL 32301

Mailing Address

1310 CHOWKEEBIN NENE
TALLAHASSEE FL 32301

2. Principal Place of Business

246 E. SIXTH AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

SAME

Zip

32303

Country

USA

Zip

SAME

Country

SAME

4. FEI Number

59-3308672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANIER, HENRY M III
1310 CHOWKEEBIN NENE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

LANIER, HENRY M III

Street Address (P.O. Box Number is Not Acceptable)

246 EAST SIXTH AVE.

City

TALLAHASSEE

FL

Zip Code

32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME LANIER, HENRY M III
STREET ADDRESS 1310 CHOWKEEBIN NENE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 246 E. SIXTH AVE.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY M. LANIER III

1/26/01 (850) 656-0482

Date

Daytime Phone #

CR2E034 (10/00)