2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90785 043 ***150.00

DOCUMENT # V64105

1. Entity Name
INTERMART BROADCASTING SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
6380 COCOS DRIVE FORT MYERS FL 33908	16520 S TAMIAMI TRAIL #18-283 FORT MYERS FL 33908

2. Principal Place of Business	3. Mailing Address
3434 SW 26th Pl	3434 SW 26th Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral FL	City & State: Cape Coral FL
Zip: 33914 Country:	Zip: 33914 Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3142221 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAHLIN, PATRICIA S
6380 COCOS DRIVE
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name: Woods, Patricia S
Street Address (P.O. Box Number is Not Acceptable): 3434 SW 26th Pl
City: Cape Coral FL Zip Code: 33914

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: Patricia S Woods 2/7/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARTIN, JAMES E. PO BOX 1427 BOCA GRANDE FL 33921	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS DAHLIN, PATRICIA 6380 COCOS DRIVE FORT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Woods, Patricia S. 3434 SW 26th Pl Cape Coral FL 33914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 REQUIRED 3/7/03 239.851.4502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)