

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105909

1. Entity Name

SHARK BITE MEDIA, INC.

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90025 016 \*\*\*150.00

Principal Place of Business

1500 MONUMENT ROAD NO. 1007  
JACKSONVILLE FL 32225

Mailing Address

1500 MONUMENT ROAD NO. 1007  
JACKSONVILLE FL 32225

2. Principal Place of Business

Jacksonville

3. Mailing Address

1500 Monument Rd

Suite, Apt. #, etc.

1007

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Florida

4. FEI Number

593680960

Applied For

Not Applicable

Zip

32225

Country

USA

Zip

32225

Country

USA

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

6. Name and Address of Current Registered Agent

LAWTECH, P.A.  
118 WEST ADAMS STREET SUITE 500  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 ☐ Delete  
NAME President  
STREET ADDRESS John C. Gramling  
CITY-ST-ZIP 1500 Monument Rd #1007  
Jacksonville, FL 32225

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
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:

John C. Gramling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-01

Date

997-6069

Daytime Phone #

CR2E034 (10/00)