2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90101 015 ****61.25

DOCUMENT # 725599

1. Entity Name

FLORIDA ASSOCIATION FOR MEDIA IN EDUCATION, INC.

Principal Place of Business	Mailing Address
3334 NE 34TH ST #615 FT LAUDERDALE FL 33308 US	P.O. BOX 70577 FT. LAUDERDALE FL 33307 US

B0055636

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
320 West Sabal Palm Pl.	
Suite, Apt. #, etc.: Suite 150	Suite, Apt. #, etc.: same
City & State: Longwood, FL	City & State:
Zip: 32779 Country: U.S.	Zip: Country:

4. FEI Number: 23-7367407 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ULM, SANDRA W. 2217 ALTOONA DR. TALLAHASSEE FL 32308	Name: Jone Sienkiewicz Street Address (P.O. Box Number is Not Acceptable): 320 West Sabal Palm Pl., Suite 150 City: Longwood FL Zip Code: 32779

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: Jone Sienkiewicz Executive — DATE: 4/22/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORRELL, BARBARA 7004 GUAVA ISLE FORT LAUDERDALE FL 33315	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Terwillegar, Jane 911 Oak Harbour West Palm Beach FL 33408	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NELSON, SANDRA M 1816 SE 12TH ST CAPE CORAL FL 33990	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Correll, Barbara 7004 GUAVA ISLE FT. LAUDERDALE, FL 33315	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOODWIN, BARBARA S 2150 KATHERINE ST FT MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Barbara J. Stites 2150 Katherine St. Ft. Myers, FL 33901	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COON, JUDY 9455 FRANGI DR VERO BEACH FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIC Burke 1105 NE 8 St. Ocala, FL 34470	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, ALISA 3038 NAUTILUS RD MIDDLEBURG FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Allyson Lutz 1925 Clifford St. #1202 Ft. Myers, FL 33901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAPASNIK, KAREN 23312 B SW 58 AVE BOCA RATON FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jane Claud 2711 NE 1st Terrace Pompano Beach, FL 33064	☐ Change ☑ Addition

CR2E037 (10/00)

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 617, 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: Barbara J. Stites BARBARA J. STITES 4/17/01 941.948.1830