

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90600 003 \*\*\*150.00

**DOCUMENT # F00000000286**

1. Entity Name

**REAL MEDIA, INC.**

Principal Place of Business

**DADELAND TOWERS NORTH**  
**9200 SOUTH DADELAND BLVD., SUITE 320**  
**MIAMI FL 33156**

Mailing Address

**DADELAND TOWERS NORTH**  
**9200 SOUTH DADELAND BLVD., SUITE 320**  
**MIAMI FL 33156**

00011010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>13-3871342</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

## 6. Name and Address of Current Registered Agent

**GENDRON, GREG**  
**C/O REAL MEDIA, INC.**  
**9200 SOUTH DADELAND BLVD., SUITE 320**  
**MIAMI FL 33156**

## 7. Name and Address of New Registered Agent

Name **LUNA, MARIA**Street Address (P.O. Box Number is Not Acceptable) **9200 S. Dadeland Blvd.****Suite 320**City **Miami**

FL

Zip Code **33156**

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

**2/27/01**

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	<input type="checkbox"/> Delete
NAME	<b>MORGAN, DAVE</b>	
STREET ADDRESS	<b>260 FIFTH AVENUE, 4TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10001</b>	
TITLE	SCFO	<input type="checkbox"/> Delete
NAME	<b>BLASHKA, NORMAN</b>	
STREET ADDRESS	<b>260 FIFTH AVENUE, 4TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10001</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BEYDA, GIL</b>	
STREET ADDRESS	<b>260 FIFTH AVENUE, 4TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10001</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>PINNEY, MARK</b>	
STREET ADDRESS	<b>260 FIFTH AVENUE, 4TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10001</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>NEWHOUSE, MICHAEL</b>	
STREET ADDRESS	<b>260 FIFTH AVENUE, 4TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10001</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>WEINBERGER, PETER</b>	
STREET ADDRESS	<b>260 FIFTH AVENUE, 4TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10001</b>	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NORMAN BLASHKA**

Date

Daytime Phone #

**1/22/01 212-DS-453;**

CR2E034 (10/00)