

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90132 007 ***158.75

DOCUMENT # F00000000329

1. Entity Name
BASE HITS, INC.



Principal Place of Business
13400 S. SUTTON PARK DRIVE
SUITE 1201
JACKSONVILLE FL 32224

Mailing Address
13400 S. SUTTON PARK DRIVE
SUITE 1201
JACKSONVILLE FL 32224



2. Principal Place of Business
13901 S. SUTTON PARK DR.

3. Mailing Address
13901 S. SUTTON PARK DR.

Suite, Apt. #, etc.
#120

Suite, Apt. #, etc.
#120

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32224

Country

Zip
32224

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 38-2995739

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIEWERT, DEREK A
13400 S. SUTTON PARK DRIVE
SUITE 1201
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
13901 S. SUTTON PARK DR. #120
City Jacksonville FL Zip Code 32224

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 *Derek A. Siewert, Registered Agent*

1/6/03

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

TITLE
NAME PST
STREET ADDRESS SIEWERT, DEREK A
CITY-ST-ZIP 6745 PHILLIPS IND. BLVD
JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 13901 S. SUTTON PARK DR. #120
CITY-ST-ZIP JACKSONVILLE, FL 32224

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

904-223-2150
Daytime Phone #

CR2E034 (10/02)