

2002-UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90075 018 ***158.75

DOCUMENT # F01000005810

1. Entity Name

CAMPUS COMMUNICATIONS GROUP, INC.

Principal Place of Business

604 CAMERON STREET
 ALEXANDRIA VA 22314

Mailing Address

604 CAMERON STREET
 ALEXANDRIA VA 22314

12151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3rd S. Kernan Blvd
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 551324
 Suite, Apt. #, etc.

Upstairs

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

54-2052621

Applied For

Not Applicable

Zip

32244

Country

US

Zip

32255-1324 US

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRODEY, SCOTT
 7077 BONNEVAL RD
 JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name: Don Wyatt
 Street Address (P.O. Box Number is Not Acceptable): 3601 S. Kernan Blvd
 Penthouse
 City: Jacksonville FL Zip Code: 32244

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/02

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, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	BRODY, SCOTT	
STREET ADDRESS	7077 BONNEVAL RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WYATT, DON	
STREET ADDRESS	7077 BONNEVAL RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAMIANI, DAVID	
STREET ADDRESS	604 CAMERON STREET	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE, CHARLES	
STREET ADDRESS	604 CAMERON STREET	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BRIDGE, EDWARD	
STREET ADDRESS	604 CAMERON STREET	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	T	<input type="checkbox"/> Delete
NAME	MICHON, JOHN	
STREET ADDRESS	585 CURRY SPRINGS PLACE	
CITY-ST-ZIP	HAMILTON VA	

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	CEO	<input checked="" 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 an other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don Wyatt

DATE

1/15/02 (901) 564-6200

Daytime Phone #

CR2E034 (9/01)