

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90033 045 \*\*\*150.00

UC 1/013 AI

**DOCUMENT # F94000005880.**

1. Entity Name

**GENERAL MEDIA, INC.**

Principal Place of Business

**7515 PELICAN BAY BLVD  
 UNIT 5A  
 NAPLES FL 33963  
 US**

Mailing Address

**CENTER BLDG., STE. 201  
 720 GREENWOOD AVE.  
 JENKINTOWN PA 19046**

**B0046806**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-2269692**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOHN, JOANN  
 7515 PELICAN BAY BLVD. UNIT 5A  
 NAPLES FL 34108**

**ANN J. WILLIAMS**

**Assistant Vice President**

Name

**CT CORPORATION SYSTEM**

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

**C/O CT CORPORATION SYSTEM**

**1200 SOUTH PINE ISLAND ROAD**

City

**PLANTATION**

**FL**

Zip Code

**33324**

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.

**CT CORPORATION SYSTEM**

**3-8-02**

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VS** ☒ Delete  
 NAME **SOHN, JOANN**  
 STREET ADDRESS **7515 PELICAN BAY BLVD UNIT 5A**  
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **P** ☐ Delete  
 NAME **DOUGHERTY, DENNIS**  
 STREET ADDRESS **546 BETHAM RD**  
 CITY-ST-ZIP **ELKINS PARK PA 19027**

TITLE **PRESIDENT - C.E.O.** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS **546 BETHAM Rd.**  
 CITY-ST-ZIP

TITLE **VT** ☒ Delete  
 NAME **SOHN, KAREN**  
 STREET ADDRESS **6712 MONTEGO BAY BLVD D**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

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  
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TITLE ☐ Change ☐ 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]*

**DENNIS DOUGHERTY**

**215-572-8200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)