## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 29, 2003 8:00 am Secretary of State

DOCUMENT # F 95000000973  1. Entity Name
South Media, Inc.



DO NOT WRITE IN THIS SPACE    Street Address of Current Registered Agent   Street Address of Current   Street Address of Current Agent   Street Address of Current   Street	**550.00	05-29-2003 90136 038 ***5.					outh Me	
Sule, Asi, P. etc.  Sule, Asiab  Light Sule, Asiab  Country  Society & State  Country  Society & State  The Applied For Required  For Required  To Name and Address of Current Registered Agent -  To Name Brught Address of Current Registered Agent -  Steel Address of Fo. Box Number is florida. I am familiar with, and access the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and access the obligations of registered agent.  SIGNATURE:  Systire, type of pressured agent.  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$150.00  After May 1, Fee is \$150.00  After May 1, Fee is \$150.00  Amended URR is \$61.25  Make Check Payable to Florida Department of State  Thus  SIGNATURE:  SIGNATURE:				SPACE	THIS S	RITE IN	DO NOT W	
Sup & State  Sup &			ve.	Kell K	Of Blice	AUC. 12	Place of Business, Bricke//	2. Principal   120
Signature   South	<del>,</del> ,			350	uite, Abt. #, etc.		E 350	54/7
DO NOT WRITE IN THIS SPACE  Street Address of Current Registered Agent Name and Address of Current Registered Agent Name and Address of Current Registered Agent	Applied For Not Applicable	/ / / / F / T / O		City & State			Mi FL	Mig.
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IN THIS SPACE  City 11:q 11: FL 2: Dicode 37:37.37  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 registering agent.  SIGNATURE 3: Synatre, type of glinter name drops abord agent and the it applicable. (NOTE: Registery) Agent infinite required when it is stated agent and the its applicable. (NOTE: Registery) Agent infinite required when it is stated agent and the its applicable. (NOTE: Registery) Agent infinite required when it is stated agent and the its applicable. (NOTE: Registery) Agent infinite required when it is stated agent and the its applicable. (NOTE: Registery) Agent infinite required when it is stated agent and the infinite required when it is stated agent and the infinite required when it is stated agent and the infinite required when it is stated agent and the infinite required when it is stated agent agent. (NOTE: Registery) Agent infinite required when it is stated agent and it is a stated agent agent. (NOTE: Registery) Agent infinite required when it is a stated agent and it is a stated agent and it is a stated agent agent. (NOTE: Registery) Agent infinite required when it is a stated agent in the State of Florida Department of State agent.  9. Election Campaign Financing Trust Fund Contribution.  \$\frac{\fra		-7. Name and Address of Current Registered Agent		Na				
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  Signature typeout interfered agent and the lappicable.  In the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature	/350	P.O. Box Number is Not Acceptable)	eet Address P	170121				
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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 on an attachment with an address, with all other like empowered.  31991	(101 Or On an I	907. FIGURE STRUCKS: AND THAT MY NAME APPEARS IN BLOCK 107		on as required	to execute this leb	ingree embowered	apolation of the receiver of the	OF THE CO