

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005644

1. Entity Name
RELIANT INTERACTIVE MEDIA CORP.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90002 047 ***550.00

Principal Place of Business
13535 FEATHER SOUND DR., STE 220
CLEARWATER FL 33762

Mailing Address
13535 FEATHER SOUND DR., STE 220
CLEARWATER FL 33762

2. Principal Place of Business
2701 N. Rocky Point DR.

3. Mailing Address
2701 N. Rocky Point DR.

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33607

Country
HILLSBOROUGH

Zip
33607

Country
HILLSBOROUGH



DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0411941

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRINGTON, TIM
13535 FEATHER SOUND DR., STE 220
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 19, 2000 Min. will be \$750.00
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 type="checkbox"/> Delete
NAME	HARRINGTON, TIM	
STREET ADDRESS	13535 FEATHER SOUND DR., STE 220	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HARRINGTON, KEVIN	
STREET ADDRESS	13535 FEATHER SOUND DR., STE 220	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEL, ARTHUR	
STREET ADDRESS	13535 FEATHER SOUND DR., STE 220	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, KARL	
STREET ADDRESS	34700 PACIFIC COAST HWY STE 303	
CITY-ST-ZIP	CAPISTRANO BCH CA 92624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/00)