

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 20, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000001688**

1. Entity Name  
ONE TOUCH MEDIA INTERNATIONAL, INC.

Principal Place of Business 5117 CASTELLO DR SUITE 1 NAPLES 34103 FL	Mailing Address 5117 CASTELLO DR SUITE 1 NAPLES 34103 FL
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2. Principal Place of Business 11499 MALLARD COURT	3. Mailing Address 11499 MALLARD COURT
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State NAPLES FL	City & State NAPLES FL
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Zip 34119	Country	Zip 34119	Country
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4. FEI Number <b>65-0922400</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

WIEDENBEIN GARY C  
5117 CASTELLO DR  
SUITE 1  
NAPLES  
34103  
FL

**7. Name and Address of New Registered Agent**

Name  
HIRMAN ARLAND E  
Street Address (P.O. Box Number is Not Acceptable)  
11499 MALLARD COURT  
City  
NAPLES  
FL  
Zip Code  
34119

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 **ARLAND E. HIRMAN**

**02/20/2001**

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

(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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABAKA RICHARD J 6850 INDIAN TRAIL LANE PINE RIVER MN 56474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGIOVANNI JEROME J 2086 STATE HWY 84 SW PINE RIVER MN 56474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFF ROBERT M 14465 FLAX WAY APPLE VALLEY MN 55124 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFF ROBERT W 4138 SOUTH STONY DR NW HACKENSACK MN 56452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST HIRMAN ARLAND E 11499 MALLARD CT NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Arland E. Hirman

CPST

02/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)