

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004620

1. Entity Name

TARGET MEDIA PARTNERS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90041 042 ***150.00

Principal Place of Business

Mailing Address

5900 WILSHIRE BLVD., SUITE 650
LOS ANGELES CA 90036

5900 WILSHIRE BLVD., SUITE 650
LOS ANGELES CA 90036-5006

2. Principal Place of Business

2549 West Tennessee St.

3. Mailing Address

Correct as shown

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL 32304

City & State

4. FEI Number

95-4682394

Applied For

Not Applicable

Zip
32304

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSCD
SCHIFFMACHER, MARK D
5900 WILSHIRE BLVD., SUITE 650
LOS ANGELES CA 90036 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
HUMPHREVILLE, SUSAN
5900 WILSHIRE BLVD., SUITE 650
LOS ANGELES CA 90036 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HUMPHREVILLE, JACK
5900 WILSHIRE BLVD., SUITE 650
LOS ANGELES CA 90036 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BANNISTER, BRENDA
5900 WILSHIRE BLVD., SUITE 650
LOS ANGELES CA 90036 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JAFTE, DAVID
5900 WILSHIRE BLVD., SUITE 650
LOS ANGELES CA 90036 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRAUER, PETER
5900 WILSHIRE BLVD., SUITE 650
LOS ANGELES CA 90036 ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 323-930-3122

Date

Daytime Phone #

CR2E034 (9/99)