

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J66658

1. Entity Name

FLORIDA MEDIA AFFILIATES, INC.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90051 033 ***150.00

Principal Place of Business

1550 BISCAYNE BLVD.
SUITE 300
MIAMI FL 33132

Mailing Address

%MICROMEDIA AFFILIATES INC
MORRISTOWN 07963
US

2. Principal Place of Business

3. Mailing Address

2800 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1100

City & State

Miami, Florida

Zip

33137

Country

U.S.A.

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2803525

Applied For

Not Applicable

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

DRAMER, WILLIAM S
ONE BOCA A, SUITE 411-E 2255 GLADES RD
BOCA RATON FL 33432

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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLINSON, NORMAN B. JR		NAME	
STREET ADDRESS	55 PARK PLACE		STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ		CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLINSON, BARBARA D.		NAME	
STREET ADDRESS	7 DUMONT PLACE, P.O. BOX 920		STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07963		CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLINSON, KATE S.		NAME	
STREET ADDRESS	7 DOMONT PLACE, P.O. BOX 920		STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07963		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

Norman B. Tomlinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00

Date

973-993-4900

Daytime Phone #

CR2E034 (9/99)