

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97824**

1. Entity Name

**PHOENIX Media Inc**

**FILED**

**01 MAY 16 PM 1:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**1350 E Tenth St**

**Sum**

**Tall FLA 32308**

2. Principal Place of Business

3. Mailing Address

**Shore**

**Sn**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3030717**

Applied For

Not Applicable

Zip

**32308**

Country

**Leon**

Zip

**32308**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**W. CHARLES Lippold**

**P.O. Box 5114**

**Tall FLA 32311**

Name

Street Address (P.O. Box Number is Not Acceptable)

**10562 Rebel Circle**

City

**Tallahassee FL**

FL

Zip Code

**32311**

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]*

(NOT: Registered Agent signature required when reinstating)

DATE

**4/30/01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
W. Charles Lippold  
10562 Rebel Circle Tall FL 32311**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300004091213--8  
-04/30/01--01089--001  
\*\*\*\*150.00 \*\*\*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ILS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**W. Charles Lippold 562-7907**

Date **5/6/01** Phone #

CR2E034 (11/00)