

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90074 029 ***155.00

DOCUMENT # **697824**

1. Entity Name

Phoenix Media Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1350 E Tenn St

3. Mailing Address

Same

Suite, Apt. #, etc.

STE - E-4

Suite, Apt. #, etc.

STE - E-4

City & State

Tallahassee FL

City & State

Tall. FLA.

Zip

32308

Country

Leon

Zip

32308

Country

Leon

4. FEI Number

57-3030717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

W. Charles Lippold

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

10562 Rebel Circle

City

Tallahassee

FL

Zip Code

32305

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

W. Charles Lippold

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	W. Charles Lippold 10562 Rebel Cir Tall FL 32305
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Charles Lippold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/02

Daytime Phone #

CR2E034B (12/01)