

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000896

1. Entity Name

GLOBAL MEDIA SOLUTIONS, LLC

FILED

01 APR 30 PM 6:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1301 BRACKNELL COURT  
ORLANDO FL 32837

Mailing Address

1301 BRACKNELL COURT  
ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3563988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERMIN, INGRID M  
12160 BLACKHEATH CIRCLE  
ORLANDO FL 32837

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME  
MGRM HOYTE, DEYMOND  
STREET ADDRESS 1301 BRACKNELL COURT  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE NAME  
MGRM HOYTE, ROGER  
STREET ADDRESS 4 CATLIN AVE  
CITY-ST-ZIP ROOSEVELT NY ☐ Delete

TITLE NAME  
MGRM FERMIN, INGRID M  
STREET ADDRESS 12160 BLACKHEATH CIRCLE  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/01 407 438-1189

CR2E083 (11/00)

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