

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000006224**

1. Entity Name

BAY AREA MEDIA NETWORK, INCORPORATED**FILED****Aug 25, 2002 8:00 am**
Secretary of State

08-13-2002 90227 012 ****61.25

41997

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3573292Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****LAWSON, MONICA Z**
2403 STATE STREET
TAMPA FL 33609**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jennifer Beaver, Treasurer, Bay Area Media Network **8-9-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP CARUSO, JILL **PRES.** ☐ Delete
5713 E LONGBOAT BLVD
TAMPA FL 33615TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BEAVER, JENNIFER **VP** ☐ Delete
3933 E EDEN ROC CIRCLE
TAMPA FL 33634TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV CONLAN, LYNNE **Sec.** ☐ Delete
WMOR-TV 7201 E. HILLSBOURGH AVE
TAMPA FL 33610TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SMITH, KATHERINE ☒ Delete
475 CENTRAL AVE STE 400
ST PETERSBURG FL 33701TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BILL DIAZ **TREASURER** ☐ Change ☒ Addition
365 105th Terrace NE
St. Petersburg, FL 33716TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer Beaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8-9-02 (727) 803-2002**
Date Daytime Phone