

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90355 033 ****61.25

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DOCUMENT # N05692

1. Entity Name
FLORIDA ASSOCIATION OF PROFESSIONAL FAMILY MEDIA TORS, INC.

Principal Place of Business 600 CLEVELAND ST #940 CLEARWATER FL 33755	Mailing Address 600 CLEVELAND ST #940 CLEARWATER FL 33755
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2526792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANTON, NANCY 650 E BAYA LAKE CITY FL 32056	
7. Name and Address of New Registered Agent Name Charles Castagna Street Address (P.O. Box Number is Not Acceptable) 600 Cleveland St, #940 City Clearwater FL Zip Code 33755	

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 **CHARLES N. CASTAGNA, President** *[Signature]* **1/18/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BLANTON, NANCY	
STREET ADDRESS	650 EAST BAYA	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	P	<input type="checkbox"/> Delete
NAME	CASTAGNA, CHARLES	
STREET ADDRESS	410 HILLTOP AVE	
CITY-ST-ZIP	CLEARWATER-FL 33755-5022	
TITLE	TL	<input type="checkbox"/> Delete
NAME	DUEBERG, ROBERT	
STREET ADDRESS	9100 S. DADELAND BLVD #400	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	DERLKE, ROEHARD	
STREET ADDRESS	4555 LAVALLET LANE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARBER, LAURIE P	
STREET ADDRESS	12094 OLD COUNTY RD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAUDER, PENNY	
STREET ADDRESS	1414 ROSE CT	
CITY-ST-ZIP	MELBOURNE FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DULBERG, ROBERT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **1/18/02** **727-446-4221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)