

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000003117 (6)**

1. Corporation Name

GENDERED MEDIA, INC.

Principal Place of Business

Mailing Address

**3006 SAN CARLOS STREET
TAMPA FL 33629**

**3006 SAN CARLOS STREET
TAMPA FL 33629-6035**



3. Date Incorporated or Qualified **06/10/1996** 3a. Date of Last Report **N/A**

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**MARVIN, LYNN
3006 SAN CARLOS STREET
TAMPA FL 33629**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MARVIN, LYNN**
STREET ADDRESS **3006 SAN CARLOS STREET**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ DELETE
NAME **NERO, WENDY L**
STREET ADDRESS **502 SOUTH WILLOW AVENUE APT 2**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☒ DELETE
NAME **OPPENHEIM, SONNY**
STREET ADDRESS **4405 FAIR OAKS APT 18**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☐ DELETE
NAME **WEATHERFORD, DORIS**
STREET ADDRESS **5425 COUNTY ROAD 579**
CITY-ST-ZIP **SEFFNER FL 33684**

TITLE **D** ☐ DELETE
NAME **GLICKMAN, SUSAN**
STREET ADDRESS **POST OFFICE BOX 310**
CITY-ST-ZIP **INDIAN ROCK BEACH FL 34635**

TITLE **D** ☐ DELETE
NAME **SMITH, NADINE**
STREET ADDRESS **4915 SWANNEE AVENUE**
CITY-ST-ZIP **TAMPA FL 33603**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D MARVIN, LYNN** ☒ Change ☐ Addition
1.2 NAME **3006 SAN CARLOS**
1.3 STREET ADDRESS **TAMPA, FL 33629**

2.1 TITLE **D. NERO, WENDY L.** ☒ Change ☐ Addition
2.2 NAME **3008 Aguilas St.**
2.3 STREET ADDRESS **Tampa FL 33629**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Smith, Nadine**
6.3 STREET ADDRESS **1485 Cleveland St**
6.4 CITY-ST-ZIP **Clearwater FL 34615**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X [Signature]** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 813-253-8835

Date

Daytime Phone # 0048876

CR2E037 (9/96)