

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 20, 2001 8:00 am
Secretary of State

05-16-2001 90380 007 ***150.00

DOCUMENT # P00000016571

1. Entity Name
GUNSLINGER NEW MEDIA, INC.

(Handwritten mark)

Principal Place of Business: **6770 INDIAN CREEK DR. APT. #LAF MIAMI BEACH FL 33141**
 Mailing Address: **6770 INDIAN CREEK DR. APT. #LAF MIAMI BEACH FL 33141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1717 N. Bayshore Drive #1553**
 3. Mailing Address: **1717 N. Bayshore Drive #1553**

Suite, Apt. #, etc.: **#1553**
 City & State: **Miami FL**

4. FEL Number: **65-09899.73**
 Applied For: Not Applicable

Zip: **33132** Country: **USA**

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

6. Name and Address of Current Registered Agent:
BRADLEY, CHRISTOPHER
6770 INDIAN CREEK DR. APT. #LAF
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent:
 Name: **Bradley, Christopher**
 Street Address (P.O. Box Number is Not Acceptable): **1717 N. Bayshore Drive #1553**
 City: **MIAMI FL** Zip Code: **33132**

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: *Christopher Bradley* **President** DATE: **April 27, 2001**

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PS	<input type="checkbox"/> Delete	TITLE: PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRADLEY, CHRISTOPHER		NAME: Bradley, Christopher	
STREET ADDRESS: 6770 INDIAN CREEK DR. APT. #LAF		STREET ADDRESS: 1717 N. Bayshore Drive #1553	
CITY-ST-ZIP: MIAMI BEACH FL 33141		CITY-ST-ZIP: Miami FL 33132	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

CR2E034 (10/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christopher Bradley* DATE: **6/13/01** DAYTIME PHONE #: **305-374-2822**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR