

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-16-2001 90207 044 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018250

1. Entity Name
TRANSCENDENT MEDIA GROUP, INC.

(CJA)

Principal Place of Business
**2234 N FEDERAL HWY. SUITE 494
BOCA RATON FL 33431**

Mailing Address
**2234 N FEDERAL HWY. SUITE 494
BOCA RATON FL 33431**

49421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1521 Alton Road
Suite, Apt. #, etc.
Suite 512
City & State
Miami Beach, FL

3. Mailing Address
1521 Alton Road
Suite, Apt. #, etc.
Suite 512
City & State
Miami Beach, FL

4. FEI Number
65-0993022 Applied For
Not Applicable

Zip
33139 Country
USA

Zip
33139 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALE, ED
2234 N FEDERAL HWY. SUITE 494
BOCA RATON FL 33431**

Name
Street Address (P.O. Box Number is Not Acceptable)
1521 Alton Road Suite 512
City **Miami Beach** FL Zip Code **33139**

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)* **Ed Hale** **04/17/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HALE, ED	2234 N FEDERAL HWY, SUITE 494	BOCA RATON FL 33431	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1521 Alton Road, Suite 512	Miami Beach, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *(Signature)* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #