## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 07, 2001 8:00 am Secretary of State DOCUMENT # P0000019850 1. Entity Name INTERNET TRAVEL MEDIA INC. 05-07-2001 90033 038 \*\*\*150.00 Principal Place of Business Mailing Address 5124 CONROY ROAD, #628 5124 CONROY ROAD. #628 ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For -59-3627766 City & State City & State ... Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REEVE, BRIAN L Street Address (P.O. Box Number is Not Acceptable) 5124 CONROY ROAD, #628 ORLANDO FL 32811 Zip Code City FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. BRIAN LREEVE 5124 Congoy Rd \$628 Addition TITLE Change ☐ Delete BRIAN LREEVE МАМЕ NAME 5124 Conpos 1 STREET ADDRESS STREET ADDRESS Orlamo FL 3284 CITY-ST-7/P CITY-ST-ZIP Change ☐ Delete TITLE TITLE martine Guerra 5124 Connoy Ro # 608 NAME NAME 5124 Conrod Rd STREET ADDRESS STREET ADDRESS Orlamos FL 32411 orlango FL 32811 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ampowered 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 all address, with fall other like empowered.

BRIAN L'REEVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: