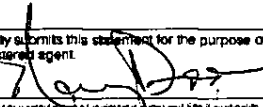
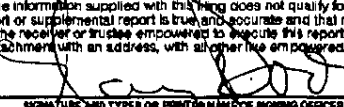


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91836 002 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80113040

DOCUMENT # P00000024664			
1. Entity Name 727 MEDIA, INC.			
Principal Place of Business 5780 FOLEY STREET SEMINOLE, FL 33772		Mailing Address 5780 FOLEY STREET SEMINOLE, FL 33772	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 50-3830258		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOOLITTLE, NANCY 5780 FOLEY STREET SEMINOLE, FL 33772		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE 		DATE 4/30/03	
Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P DOOLITTLE, NANCY 5780 FOLEY STREET SEMINOLE, FL 33772	☐ Delete	
TITLE	TR CARNAHAN, MICHAEL 11071 BOUTH AVE N SEMINOLE, FL 33772	☒ Delete	
TITLE	CFO INGOLD, TIM 10866 MOHAWK RD SEMINOLE, FL 33709	☐ Delete	
TITLE		☐ Delete	
TITLE		☐ Delete	
TITLE		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
TITLE		☐ Change ☐ Addition	
TITLE		☐ Change ☐ Addition	
TITLE		☐ Change ☐ Addition	
TITLE		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: 		DATE 4/30/03 727-392-1363	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	