

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Apr 03, 2001 8:00 am
Secretary of State

02-15-2001 90075 013 ***150.00

DOCUMENT # P00000029873

1. Entity Name

FOUR CORNER MEDIA, INC.

Principal Place of Business

Mailing Address

27 ROANOKE AVE.
ATLANTA GA 30305

27 ROANOKE AVE.
ATLANTA GA 30305

33723

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

N/A

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOROWITZ, MITCHELL I
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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.

SIGNATURE

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 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP
D ROBERTS, LAWRENCE A JR. ☐ Delete
27 ROANOKE AVE.
ATLANTA GA 30305

TITLE NAME STREET ADDRESS CITY - ST - ZIP
D ESTES, DAN WARREN ☐ Delete
2350 PENDLETON DRIVE
SUWANEE GA 30023

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☒ Addition
P

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☒ Addition
VP

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition

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:

Lawrence A. Roberts, Jr. Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2001

904/233-7834

Date

Daytime Phone #

CR2E034 (10/00)