

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90153 022 ***150.00

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037866

1. Entity Name

JENSEN MEDIA, INC. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13761 NW 18th COURT

Suite, Apt. #, etc.

3. Mailing Address
13761 NW 18th COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FL.

City & State
PEMBROKE PINES, FL.

4. FEI Number
65-1008805

Applied For
Not Applicable

Zip Country
33028 US

Zip Country
33028 US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PIERCE, CLIFFORD Y CPA

Street Address (P.O. Box Number is Not Acceptable)
152 NE 16th STREET

SUITE 404

City NORTH MIAMI BEACH FL Zip Code 33162

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JENSEN, STEVEN
13761 NW 18th COURT
PEMBROKE PINES, FL. 33028

TITLE
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

attachment

80098979
P00000037866

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
2003 UNIFORM BUSINESS REPORT

We have reviewed and filled out the return as required. Please send a check payable to the "Department of State" for \$150.00. Sign where indicated in Box 12; (reports are to be signed in ink by the person whose name appears in Box 10.) This return **MUST** be mailed in the attached envelope prior to April 29, 2003.

Pierce & Company, CPA PA
