

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90129 018 \*\*\*150.00

**DOCUMENT # P00000043400**

1. Entity Name  
**FLORIDA MEDIA GROUP, INC.**

Principal Place of Business  
**2880 KILKIERANE DR  
TALLAHASSEE FL 32308**

Mailing Address  
**2880 KILKIERANE DR  
TALLAHASSEE FL 32308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3644698**

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

**HINES, EDWARD A  
2880 KILKIERANE DR  
TALLAHASSEE FL 32308**

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 **P** ☐ Delete  
NAME **PACE, ANDREW A**  
STREET ADDRESS **2880 KILKIERANE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32309**

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

TITLE **ST** ☐ Delete  
NAME **HINES, EDWARD A**  
STREET ADDRESS **2880 KILKIERANE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32309**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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STREET ADDRESS  
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 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:

*Edward A. Hines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/4/02 (850) 907-0555**

CR2E034 (4/02)

*Attach ment*

**Florida Media Group, Inc.®**

2880 Kilkerlane Drive Tallahassee, Florida 32308

(850) 907-0555

*re. # D00000043400*  
*870983*

September 4, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL.32302-1500

To whom it may concern-

Per the instruction, item (8) Frequently asked Questions, I am requesting that the late fee be waived per this filing. I did not receive the prior notice.

Thank You for your help with this matter. If I can be of further assistance, please do not hesitate to call me.

Sincerely,

*Edward A. Hines*

Edward A. Hines  
Secretary/Treasurer  
Florida Media Group, Inc.