## FILED Mar 31, 2002 8:00 am

٣
Ž

2002	אוואש	BUSI	NESS	REP	<b>TRIO</b>	(WE	8R)

DOCUMENT # P0000044338					Secretary of State					
•	IEDIA, INC.				03-31-2002 90345 038	***150.00	)			
Principal Plac	ce of Business	Mailing Address								
	Creek Court ACH FL 32174	307 SAMILL CREEK COURT								
Onmore DE	NOTE OF THE	CHMOND DEACH IE 32174			I N <b>achire</b> ini erin <b>ar</b> ny radio <b>ar</b> ny <b>ra</b> dio <b>ar</b> ny <b>ar</b> ny	81811 <b>51888</b> 11181				
Principal Place of Business     3. Mailing Address				-						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & Stat	е	City & State	& State		FEI Number 59-3648620	<b>⊢</b>	pplied For ot Applicable			
Zio	Country	Zip	Country	5. (	Certificate of Status Desired	<del></del>	8.75 Additional			
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Registered					
			Name							
	N, DAVID SHANE ILL CREEK COURT	and other and sections	Street Address	ss (P.O. E	Box Number is Not Acceptable)	<del></del>	Y_ = Na - Na			
	BEACH FL 32174									
			City	**	FL	Zip Cod	e			
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regis	stered ag	ent, or both, in the State of Florida.					
SIGNATURE.										
SICINATORIE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature requ	lired when re	einstating) DATE	<del></del>				
•	oration is eligible to satisfy its Intangible requirement and elects to do so.	•	FEE IS \$150.00 Fee will be \$550.00	Λ	10. Election Campaign Financing		<b>0</b> May Be			
<del>-</del>	ria on back)	Make Check Payable			Trust Fund Contribution.	ل Added	I to Fees			
11.	OFFICERS AND C	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN	DIRECTOR:	3 IN 11			
TITLE	PD ,	☐ Delete	TITLE			☐ Change	Addition ]			
NAME . STREET ADDRESS		STANTON, DAVID S					!			
CITY-ST-ZIP	307 SAWMILL CREEK COURT ORMOND BEACH FL 32174		STREET ADDRESS CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE		<del></del>	☐ Change	Addition			
NAME	AMON, TODD D		NAME			_ •	_			
STREET ADDRESS	739 ALCAZAR AVE.	,	STREET ADDRESS							
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP							
TITLE NAME	STD	☐ Delete	TITLE NAME			☐ Change	Addition			
STREET ADDRESS	CARTER, DAVID C 9 FISHERMANS CIR. APT 3		STREET ADDRESS							
CITY-ST-ZIP.	ORMOND BEACH FL 32174		CITY-ST-ZIP -,	~ 7						
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition			
NAME '	PANEK, ROBERT M	and the second s	NAME STREET ADDRESS		to a control of the second of					
STREET ADDRESS CITY-ST-ZIP	844 ESSEX RD DAYTONA BEACH FL 32117		CITY-ST-ZIP	,						
TITLE	L. Callina	Delete	TITLE			☐ Change	Addition			
NAME	STORY CORPORATION		NAME			0-				
STREET ADDRESS	0		STREET ADDRESS							
CITY-ST-ZIP	OBSTRUCT PROPERTY OF THE PARTY		CITY-ST-ZIP		- 1					
TITLE . NAME	STRUCTURE OF THE CO.	☐ Delete	TITLE NAME			☐ Change	Addition			
STREET ADDRESS	graph contracts		STREET ADDRESS							
CITY-ST-ZIP	• •		CITY-ST-ZIP				-			
13. I hereby	certify that the information supplied with t	his filing does not qualify for th	ne exemption stated in	Section	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I	rtify that the in	formation			

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:

DAY ID S. STANTON, PRES. 1-23-02 (386) 257-7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day ID S. STANTON, PRES. 1-23-02 (386) 257-7006

Day ID S. STANTON, PRES. 1-23-02 (386) 257-7006