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

MEDIA

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THEE

STREET ADDRESS

DOCUMENT #

TARPON

1. Entity Name.

FILED Jul 28, 2002 8:00 am Secretary of State

07-28-2002 90176 032 ***158.75

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|---|--|--|--|--|--------------------------------|
| and the second second | DO-NOT-WRITE | IN THIS SI | PACE | 01990 | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | |
| 13864 BERMUDA DRIVE | | 13864 BELAUDA Dr. | | | |
| Suite, Apt. #, etc: | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State SEM (NOLE, FL | | City & State SEM/NULL FL | | 4. FEI Number 59-365586¢ | Applied For Not Applicable |
| ^{Zip} 33 | 776 Country US | ^{Zip} 33776 | Country US | 5. Certificate of Status Desired | 8.75 Additional |
| A * 10. 1 | The second of th | | | 7. Name and Address of Current Registered | |
| | DO_NOT_WI | RITE | | REGORY W HOFFM? P.O. Box Number is Not Acceptable) | tv |
| | IN THIS SP | ACE | | 13864 BERAUDA DA EMINOLE FL | Zip Code 337776 |
| 8. The above | named entity submits this statement for t | he purpose of changing its r | | ed agent, or both, in the State of Florida. | 33116 |
| SIGNATURE _ | Signature, typed or printed name of registered agent and | title if applicable (NOTE: | Registered Agent signature required | when reportsion | |
| 9. This corpor Tax filing re (See criteria | ation is eligible to satisfy its intangible equirement and elects to do so. | January 1 - Ma After May 1 Amended | ny 1 Fee is \$150.00 i, Fee is \$550.00 UBR is \$61.25 e to Department of Stati | 10. Election Campaign Financing | \$5.00 May Be Added to Fees |
| 11. | OFFICERS AND DI | RECTORS' | Later mark the same | The state of the s | 4 |
| THILE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT GREGORY W. HOFFMAN 13894 BERAUDA Dr. SEMINOUE, FL 37776 | * | NAME STREET ADDRESS CITY-ST-ZIP | | 48 (1201) |
| TITLE NAME STREET ADDRESS | | = | TIME NAME STREET ADDRESS | | CRZE034B |

CITY-ST-ZIP SEMINOLE, FL 37776 CIT TITLE THE NAME NA STREET ADDRESS STR CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN-THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZÎP . TITLE TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR

Attachment P00000045578

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302

To whom it may concern:

I took a leave of absence from my office for the last several months and I recently found out that my company's Uniform Business Report was not filed for the year 2002. I did not find a copy from the state in the mail inbox, so I have printed out a version from the sunbiz org website and I am filing it now along with the \$150 fee.

I am asking that the late fee be waived.

Geyfolken 1/24/02

Thank you for your consideration,

Greg Hoffman

President

Tarpon Media

13864 Bermuda Drive

Seminole, FL 33776