

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052667

1. Entity Name
WAGNON MEDIA, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 11 PM 4:09



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10415 BIGTREE CIRCLE WEST
JACKSONVILLE FL 32257

Mailing Address
10415 BIGTREE CIRCLE WEST
JACKSONVILLE FL 32257

2. Principal Place of Business
10415 BIGTREE CIR. W.
Suite, Apt. #, etc.

3. Mailing Address
10415 BIGTREE CIR. W.
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL
Zip Country
32257 USA

City & State
JACKSONVILLE, FL
Zip Country
32257 USA

4. FEI Number
593651907
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ALLEN, BRINTON, SIMMONS & MCCARTHY, P.A.
ONE INDEPENDENT DR, SUITE 3200
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
Name
CT CORPORATION
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD.
City
PLANTATION FL Zip Code
33324

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 Connie Bryan Connie Bryan, Special Asst. Secy. DATE 9-11-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$550.00
After September 12, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	PRESIDENT ERIC WAGNON 10415 BIGTREE CIR W. JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	000004597300--S -09/18/01--01064--015 *****8.75 *****8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	000004597300--S -09/18/01--01064--014 *****550.00 *****550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Eric Wagnon ERIC WAGNON 8/30/01 904 537 2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

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CR2E034 (5/01)