

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90081 040 \*\*\*150.00

**DOCUMENT # P00000053537**



1. Entity Name  
**GREAT GLASS MEDIA, INC.**

Principal Place of Business  
**611 MAGNOLIA STREET  
WINDERMERE FL 34786**

Mailing Address  
**1080 WOODCOCK RD  
SUITE 295  
ORLANDO FL 32803**

2. Principal Place of Business  
**7889 CANYON LAKE CIR**  
Suite, Apt. #, etc.

3. Mailing Address  
**1260 Crescent St**  
Suite, Apt. #, etc.  
**Suite 213**

City & State  
**ORLANDO, FLORIDA**

City & State  
**Montreal, Quebec**

4. FEI Number **59-3649027**

Applied For  
Not Applicable

Zip  
**32835**

Country  
**USA**

Zip  
**H3G 2A9**

Country  
**CANADA**

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

## 6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.**  
**941 FOURTH STREET #200**  
**MIAMI BEACH FL 33139**

## 7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **D** ☐ Delete  
NAME **STEPHENS, CHANTAL**  
STREET ADDRESS **611 MAGNOLIA STREET**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **CLOUTIER, MARIO**  
STREET ADDRESS **446 - 66E Avenue**  
CITY-ST-ZIP **Laval, Quebec H7V 2H1**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME **STEPHENS, CHANTAL**  
STREET ADDRESS **7889 CANYON LAKE CIRCLE**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32835**

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Chantal Stephens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 27, 03** **514-878-0858**  
Date Daytime Phone #

CR2E034 (10/02)