2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 27, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000068120

1. Entity Name
GOLF MEDIA PARTNERS, INC.

Principal Place of Business	Mailing Address
9982 PERFECT DRIVE	9982 PERFECT DRIVE
PORT ST. LUCIE FL	PORT ST. LUCIE FL
34986	34986

2. Principal Place of Business	3. Mailing Address
7368 PINE CREEK WAY	7368 PINE CREEK WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. LUCIE FL	City & State: PORT ST. LUCIE FL
Zip: 34986 Country:	Zip: 34986 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1024551 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET

TALLAHASSEE FL
323012525 US

7. Name and Address of New Registered Agent

Name: WOOD VANCE L
Street Address (P.O. Box Number is Not Acceptable): 7368 PINE CREEK WAY
City: PORT ST. LUCIE FL Zip Code: 34986

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 VANCE L. WOOD 07/27/2001
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 $150.00
After MAY 1, 2001 Fee will be $550.00
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	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	WOOD VANCE	NAME	WOOD VANCE
STREET ADDRESS	9982 PERFECT DRIVE	STREET ADDRESS	7368 PINE CREEK WAY
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	CITY-ST-ZIP	PORT ST. LUCIE FL 34986
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Vance L. Wood D 07/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #