

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90133 037 ***150.00

DOCUMENT # P00000069519

1. Entity Name
ADVENTURE MEDIA INC.

Principal Place of Business
5040-B RIVERFRONT DRIVE
BRADENTON FL 34208

Mailing Address
5040-B RIVERFRONT DRIVE
BRADENTON FL 34208



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
412 36TH STREET NE

Suite, Apt. #, etc.
BRADENTON, FL

City & State
34208

Zip **Country**

3. Mailing Address
P.O. BOX 2654

Suite, Apt. #, etc.
ORLANDO, FL

City & State
34208

Zip **Country**

4. FEI Number
65-1044843

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MINER, DAVID R
5040-B RIVERFRONT DRIVE
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name **DAVID MINER**
Street Address (P.O. Box Number is Not Acceptable) **412 36TH STREET NE**
City **BRADENTON** **FL** **Zip Code** **34208**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **3/12/02**
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, 2002 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

TITLE **PT** ☐ **Delete**
NAME **MINER, DAVID R**
STREET ADDRESS **5040-B RIVERFRONT DRIVE**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **V** ☐ **Delete**
NAME **MINER, CYNTHIA K**
STREET ADDRESS **5040-B RIVERFRONT DRIVE**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **3/12/02** **741-545-5865**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)