

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069968

1. Entity Name
TENNIS LIFE MEDIA, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90154 018 ***150.00

Principal Place of Business
12000 N DALE MABRY HIGHWAY SUITE 270
TAMPA FL 33618

Mailing Address
12000 N DALE MABRY HIGHWAY SUITE 270
TAMPA FL 33618

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number **59-3685834** Applied For
Not Applicable

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

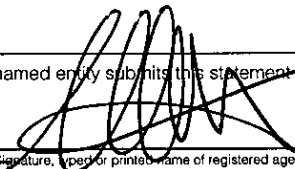
6. Name and Address of Current Registered Agent

GOLDMAN, TODD
12000 N DALE MABRY HIGHWAY SUITE 270
TAMPA FL 33618

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.

SIGNATURE  (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

TITLE ☐ Delete
NAME **VB GOLDMAN, TODD**
STREET ADDRESS **12000 N DALE MABRY HIGHWAY SUITE 270**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete
NAME **WB WRIGHT, LISA**
STREET ADDRESS **12000 N DALE MABRY HIGHWAY SUITE 270**
CITY-ST-ZIP **TAMPA FL 33618**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Todd Goldman**
CITY-ST-ZIP **14621 Village Glen Cir. Tampa, FL 33618**

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **Lisa Wright**
CITY-ST-ZIP **800 Cove Way Dr 4F Clearwater FL 33760**

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

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/8/01** Daytime Phone # **813-264-2772**

CR2E034 (10/00)