

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90097 005 ***150.00

DOCUMENT # P00000083053

1. Entity Name

NATIONAL MEDIA BUYERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

225 N. FEDERAL HWY

Suite, Apt. #, etc.

STE 600

3. Mailing Address

225 N. FEDERAL HWY

Suite, Apt. #, etc.

STE 600

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

4. FEI Number

651036133

Applied For

Not Applicable

Zip

33062

Country

USA

Zip

33062

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLES P. HOFFECKER

Street Address (P.O. Box Number is Not Acceptable)

225 N. FEDERAL HWY

STE 600

City

POMPANO BEACH

FL

Zip Code

33062

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

[Signature]

Charles P. Hoffecker

4/30/02

(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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
CHARLES P. HOFFECKER
225 N. FEDERAL HWY STE 600
POMPANO BEACH, FL 33062

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles P. Hoffecker

Date

Daytime Phone #

954-484-

3900

CR2E034B (12/01)