

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093846

1. Entity Name  
**IRON MEDIA, INC.**

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
03-02-2001 90085 012 \*\*\*150.00

Principal Place of Business  
**931 N. STATE RD. 434  
STE. 1201 - 250  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**931 N. STATE RD. 434  
STE. 1201 - 250  
ALTAMONTE SPRINGS FL 32714**

00000033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3675131</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			

6. Name and Address of Current Registered Agent <b>BENJAMIN, DANIEL P 424 WOOD PARK WAY #206 LONGWOOD FL 32779</b>				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: \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PCEO	BENJAMIN, DANIEL P	424 WOOD PARK WAY #206 LONGWOOD FL 32779				
	D	BENJAMIN, DANIEL P	424 WOOD PARK WAY #206 LONGWOOD FL 32779				
	D	FREE, CARL N	1772 SENECA BLVD. WINTER SPRINGS FL 32708				

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] 1/16/2001 407-252-5114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)