2002 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2002 8:00 am **Secretary of State** P00000093846 DOCUMENT # 1. Entity Name 03-12-2002 90285 039 ***150.00 IRON MEDIA, INC. Principal Place of Business Mailing Address 931 N. STATE RD. 434 931 N. STATE RD. 434 STE. 1201 - 250 STE. 1201 - 250 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address SENECA BLUD. SENECA BLVD 772 1772 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3675131 Not Applicable WINTER WINTER \$8.75. Additional 5. Certificate of Status Desired - - -32 708 ÚS A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent N. FREE BENJAMIN, DANIEL P Street Address (P.O. Box Number is Not Acceptable 424 WOOD PARK WAY #206 LONGWOOD FL 32779 WINTER 8. The above named entity submits this statement for the purpose of changing its registered office or n or both, in the State of Florida. CARL ん・ DANIEL P. BEHTAMIN FREE ne of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (10/6) **PCEO** ☐ Addition TITLE **X** Delete TITLE BENJAMIN, DANIEL P NAME NAME STREET ADDRESS 424 WOOD PARK WAY #206 STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE BENJAMIN, DANIEL P NAME NAME 424 WOOD PARK WAY #206 STREET ADDRESS STREET ADDRESS CITY-ST-7IP LONGWOOD_FL 32779 CITY-ST-ZIP PCEOD Change TITLE ☐ Addition D TITLE ☐ Delete FREE JR., CARL N. FREE, CARL N NAME NAME 1772 SENECA BLUD. STREET ADDRESS 1772 SENECA BLVD. STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP WINTER SPRINGS FL 32708 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

DANIEL P. BENJAMIN

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL H. FREE

SIGNATURE:

FILED