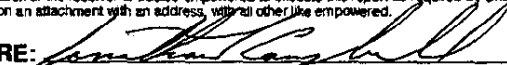


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90050 029 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000097940			
1. Entity Name JLC MEDIA, INC.			
Principal Place of Business 340 OLD HIGHWAY 98 #23 DESTIN, FL 32550		Mailing Address 340 OLD HIGHWAY 98 #23 DESTIN, FL 32550	
2. Principal Place of Business 10859 Emerald Coast Pkwy Suite, Apt. #, etc. #4229 City & State Destin FL Zip 32550 Country USA		3. Mailing Address 10859 Emerald Coast Pkwy Suite, Apt. #, etc. #4229 City & State Destin FL Zip 32550 Country USA	
4. FEI Number 59-3686740		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, JOHNATHAN 340 OLD HWY 98 #23 DESTIN, FL 32550		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent's signature required when resigning) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP D CAMPBELL, JONATHAN 340 OLD HIGHWAY 98 #23 DESTIN, FL 32550 [Delete] [Delete] [Delete] [Delete] [Delete] [Delete]		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition]	
12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered. SIGNATURE:  4/31/03 850-650-7705 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2004 (10/02)