

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90105 028 ***550.00

DOCUMENT # P00000103892

1. Entity Name
CELEBRATION NEW MEDIA, INC.

Principal Place of Business
**305 N VILLAGE ST
 CELEBRATION FL 34747**

Mailing Address
**305 N VILLAGE ST
 CELEBRATION FL 34747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CHARLES, JAMES
 217 CELEBRATION BLVD
 CELEBRATION FL 34747**

7. Name and Address of New Registered Agent

Name **Patrick Carrin, Thomas**
 Street Address (P.O. Box Number is Not Acceptable)
305 N. Village St.
 City **Celebration** FL Zip Code **34747**

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

Thomas Patrick Carrin

9/6/01

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **PATRICK CARRIN, THOMAS**
 STREET ADDRESS **305 N VILLAGE ST**
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GARDNER PONCIA, ROBIN**
 STREET ADDRESS **875 GARDNER PL, VICTORIA BRITISH COLUMBIA**
 CITY-ST-ZIP **CANADA, V8Y 3 G7**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED
Robin Gardiner Poncia **9/6/01** **250.658.8238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)