

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90199 007 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P00000109822**

1. Entity Name

ADVANTEC MEDIA GROUP, INC.

Principal Place of Business

11100 5TH ST. EAST  
 TREASURE ISLAND FL 33706

Mailing Address

11100 5TH ST. EAST  
 TREASURE ISLAND FL 33706

28210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3691272

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent:

Name

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

City

FL

Zip Code

PAYNE, PAUL R  
 11100 5TH ST. EAST  
 TREASURE ISLAND FL 33706

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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

TITLE: ☐ Delete  
 NAME: PD  
 STREET ADDRESS: PAYNE, PAUL R  
 CITY-ST-ZIP: 11100 5TH ST. EAST  
 TREASURE ISLAND FL 33706

TITLE: ☐ Delete  
 NAME: TD  
 STREET ADDRESS: IRVING, KENT N  
 CITY-ST-ZIP: 517 CRYSTAL DR.  
 MADEIRA BCH FL 33708

TITLE: ☒ Delete  
 NAME: SD  
 STREET ADDRESS: ASHTON, STEPHEN  
 CITY-ST-ZIP: 2301 58TH ST. SOUTH  
 GULFPORT FL 33707

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 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 an officer like empowered.

SIGNATURE:

*Paul R. Payne*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL R. PAYNE

2/27/02

Date

727-562-5160

Daytime Phone #

CR2E034 (9/01)