

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90152 009 ***150.00

DOCUMENT # P01000052684
1. Entity Name
CENTURY III MEDIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>715 BLOOM STREET</u>		3. Mailing Address <u>715 BLOOM STREET</u>	
Suite, Apt. #, etc. <u>APT. # 220</u>		Suite, Apt. #, etc. <u>APT. # 220</u>	
City & State <u>CELEBRATION, FLORIDA</u>		City & State <u>CELEBRATION, FLORIDA</u>	
Zip <u>34747</u>	Country <u>USA</u>	Zip <u>34747</u>	Country <u>USA</u>

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4. FEI Number <u>59-3722455</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>LAWRENCE H HABER</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>606 FRONT STREET</u>	
City <u>CELEBRATION</u>	FL Zip Code <u>34747</u>

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)

January 1 - May 1 Fee is \$150.00
***After May 1, Fee is \$550.00**
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D. P. DAN YOUNG 715 BLOOM STREET, APT # 220 CELEBRATION, FL 34747</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] PRESIDENT
DATE: 4/24/02 DAYTIME PHONE #: 407 421 2842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)