

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90363 028 \*\*\*150.00

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**DOCUMENT # P01000052684**

1. Entity Name  
**CENTURY III MEDIA, INC.**



Principal Place of Business  
**715 BLOOM ST.  
APT 220  
CELEBRATION FL 34747**

Mailing Address  
**715 BLOOM ST.  
APT 220  
CELEBRATION FL 34747**



2. Principal Place of Business  
**4400 HEATHERDOWNS BLVD  
25 Suite, Apt. #, etc.**

3. Mailing Address  
**3922 CLOCK POINTE TRAIL  
102 Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**TOLEDO OH  
43614**

City & State  
**STOW OH  
44224-2989**

4. FEI Number  
**59-3722455**

Applied For  
☐ Not Applicable

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

**HABER, LAWRENCE H  
606 FRONT STREET  
CELEBRATION FL 34747**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
YOUNG, DAN  
715 BLOOM STREET, APT 220  
CELEBRATION FL 34747** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
YOUNG, DAN  
4400 HEATHERDOWNS BLVD SUITE 25  
TOLEDO OH 43614** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ 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, with all other like empowered.

SIGNATURE: **DAN YOUNG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03 (419) 265-1154**  
Date Daytime Phone #

CR2E034 (10/02)