

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90224 046 ***150.00

DOCUMENT # P01000057971

1. Entity Name
ONLINE MEDIA CONCEPTS, INC.



Principal Place of Business
**701 WATERWAY VILLAGE CT
W PALM BCH FL 33413**

Mailing Address
**701 WATERWAY VILLAGE CT
W PALM BCH FL 33413**

2. Principal Place of Business

2427 24th way

3. Mailing Address

2427 24th way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WPA, FL

City & State

WPA, FL

4. FEI Number

65-1115996

Applied For

Not Applicable

Zip

33407

Country

Zip

33407

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

ALICH, MIKE

13221 CRISA DR

PALM BEACH GARDENS FL 33410

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
**PT
ALICH, MIKE
13221 CRISA DR.
PALM BEACH GARDENS FL 33410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
mike Alach
2427 24th way
WPA, FL 33407** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 561-371-4869

CR2E034 (10/02)