**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2002 8:00 am § Secretary of State DOCUMENT # P01000057976 1. Entity Name 04-23-2002 90330 030 \*\*\*150.00 GPS GOLF MEDIA, INC. Principal Place of Business Mailing Address 1180 S US1 STE F 1180 S US1 STE F B0074420 VERO BEACH FL 32962 VERO BEACH FL 32962 2. Principal Place of Business 3. Mailing Address åth Aue q th 2001 2001 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 307~C 307-9 City & State City & State 4. FEI Number Applied For 59-3725994 200 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STICKLE, DANIEL B Street Address (P.O. Box Number is Not Acceptable) 4046 9TH LANE VERO BEACH FL 32962 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Addition TITLE Delete TITLE Change NAME STICKLE, DANIEL B NAME STREET ADDRESS STREET ADDRESS **4046 9TH LANE** CITY-ST-71P CITY-ST-ZIP VERO BEACH FL 32962 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME HOLLOWELL, DAVID W STREET ADDRESS STREET ADDRESS 20 HULL DRIVE CITY-ST-ZIP CITY-ST-ZIP AUSTIN TX 78746 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GAMBELLA. ED STREET ADDRESS STREET ADDRESS 3050 NE 43RD STREET CITY-ST-7IP CITY-ST-7IP <u>FT LAUDERDALE FL 33308</u> ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.