

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90077 045 ***163.75

0148133 AV

DOCUMENT # P01000066618

1. Entity Name

FLUXXX, INC.

Global Media, Inc. (filed)

Principal Place of Business

1901 HARRISON ST.
 HOLLYWOOD FL 33320

Mailing Address

1901 HARRISON ST.
 HOLLYWOOD FL 33320

420606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3891 Stirling Rd

Suite, Apt. #, etc.

Suite 15

3. Mailing Address

3891 Stirling Rd

Suite, Apt. #, etc.

Suite 15

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale FL

4. FEI Number

65-1125810

Applied For

Not Applicable

Zip

33312

Country

US

Zip

33312

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--------------------------------------------|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SHAW, JASON | |
| STREET ADDRESS | 1901 HARRISON ST. | |
| CITY-ST-ZIP | HOLLYWOOD FL 33320 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GIFFORD, ROBERT | |
| STREET ADDRESS | 1901 HARRISON ST. | |
| CITY-ST-ZIP | HOLLYWOOD FL 33320 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | AVERY, THOMAS | |
| STREET ADDRESS | 1901 HARRISON ST. | |
| CITY-ST-ZIP | HOLLYWOOD FL 33320 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gifford, Robert | |
| STREET ADDRESS | 3891 Stirling Rd | |
| CITY-ST-ZIP | Ft Lauderdale, FL 33312 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Avery, Thomas | |
| STREET ADDRESS | 3891 Stirling Rd #15 | |
| CITY-ST-ZIP | Ft Lauderdale, FL 33312 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-22-2002

954-989-9797

CR2E034 (9/01)