

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91512 005 ***158.75

DOCUMENT # P01000070243
1. Entity Name
Momentum Direct, Inc.



DO NOT WRITE IN THIS SPACE

60024146

2. Principal Place of Business
8286 Western Way Circle
Suite, Apt. #, etc.
C8

3. Mailing Address
8286 Western Way Circle
Suite, Apt. #, etc.
C8

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

City & State
Jacksonville FL

4. FFL Number
59-3732005
Applied For
 Not Applicable

Zip
32256 Country
USA

Zip
32256 Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Jerry Hurtt III
Street Address (P.O. Box Number is Not Acceptable)
8286 Western Way Circle - C8
City Jacksonville FL Zip Code 32256

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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Jerry Hurtt III 8286 Western Way Circle C8 Jacksonville, FL 32256</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [Signature] Date 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR