

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90694 021 ***150.00

DOCUMENT # P01000072658

1. Entity Name

WHITE SANDS MEDIA, CORP.

Principal Place of Business

**17100 COLLINS AVENUE
 SUITE 217
 NORTH MIAMI FL 33160**

Mailing Address

**17100 COLLINS AVENUE
 SUITE 217
 NORTH MIAMI FL 33160**



2. Principal Place of Business

**210 S. FEDERAL Hwy.
 Suite 310**

3. Mailing Address

**P.O. Box 848875
 P.O.**

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL

City & State

Pembroke Pines, FL

4. FEI Number

85-1124800

Applied For

Not Applicable

Zip

33024

Country

US

Zip

33084

Country

US

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

6. Name and Address of Current Registered Agent

**SMALZER, JOSEPH K
 17100 COLLINS AVENUE
 SUITE 217
 NORTH MIAMI FL 33160**

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **SMALZER, JOSEPH K**
 STREET ADDRESS **3415 FOREST DRIVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **STD** ☐ Delete
 NAME **WILLIS, ROBERT**
 STREET ADDRESS **3938 NW 77TH AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☒ Delete
 NAME **STEPHENS, JACKSON**
 STREET ADDRESS **4501 W MCNAB ROAD #16**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME
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 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 REQUIRED

Date

Daytime Phone #

CR2E034 (9/01)