

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90142 029 ***550.00

DOCUMENT # P01000100168

1. Entity Name
ASPIRATION MEDIA, INC.

Principal Place of Business **Mailing Address**
13014 N DALE MABRY SUITE 609 **13014 N DALE MABRY SUITE 609**
TAMPA FL 33618 **TAMPA FL 33618**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3750356** **Applied For**
Not Applicable

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

ORR, GREGORY N.
8520 LINCOLN COVE DRIVE APT 202
TAMPA FL 33614

Name **Orr, Gregory N.**
Street Address (P.O. Box Numbers Not Acceptable)
7933 LAND MARK Circle
City **Tampa** **FL** **Zip Code** **33615**

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 *Gregory N. Orr* **Gregory N. Orr** **7-23-02**
Signature, type 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 \$550.00
After September 13, 2002, Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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: *Gregory N. Orr* **Gregory N. Orr** **7-23-02** **813-243-4300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)