

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90193 013 \*\*\*150.00

**DOCUMENT # P02000088784**

1. Entity Name  
**BROWN MEDIA INC.**



Principal Place of Business  
**301 YAMATO RD STE 4150  
BOCA RATON FL 33431**

Mailing Address  
**301 YAMATO RD STE 4150  
BOCA RATON FL 33431**

**10021303**



2. Principal Place of Business  
**9734 Napoli Woods Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**9734 Napoli Woods Ln**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Delray Beach, FL**  
Zip  
**33446**  
Country  
**USA**

City & State  
**Delray Beach, FL**  
Zip  
**33446**  
Country  
**USA**

4. FEI Number  
**32-0028710**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMILTON, REBECCA L  
301 YAMATO RD STE 4150  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name  
**PETER ROSE**  
Street Address (P.O. Box Number is Not Acceptable)  
**NET FIRST PLAZA- 3rd Floor**  
**5295 Town Center Road**  
City  
**BOCA RATON** FL Zip Code  
**33488**

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 reinstating)

DATE **2/10/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, JASON</b>	
STREET ADDRESS	<b>301 YAMATO RD STE 4150</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JASON BROWN</b>	
STREET ADDRESS	<b>9734 Napoli Woods Ln</b>	
CITY-ST-ZIP	<b>Delray Beach, FL 33446</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02034 (1/01/02)