

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90225 004 ***150.00

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1. Entity Name

SAFETY MEDIA COMPANY



Principal Place of Business

**4450 N.W. 61 ST.
FT. LAUDERDALE FL 33319**

Mailing Address

**4450 N.W. 61 ST.
FT. LAUDERDALE FL 33319**

2. Principal Place of Business

735 HAMPTON ROAD

3. Mailing Address

735 HAMPTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH

Zip

33405

Country

USA

Zip

33405

Country

USA

4. FEI Number

05-0529125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SCHROEPFER, THOMAS

4450 N.W. 61 ST.

FT. LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name

KIMBERLY FONTAINE

Street Address (P.O. Box Number is Not Acceptable)

735 HAMPTON ROAD

City

WEST PALM BEACH

FL

Zip Code

33405

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-03

DATE

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 **CEO** ☐ Delete
NAME **FITE, JAMES H**
STREET ADDRESS **32225 MERRITT DR.**
CITY-ST-ZIP **WESTLAND MI 48185**

TITLE **D** ☐ Delete
NAME **FITE, JAMES H**
STREET ADDRESS **32225 MERRITT DR.**
CITY-ST-ZIP **WESTLAND MI 48185**

TITLE **P** ☒ Delete
NAME **SCHROEPFER, THOMAS**
STREET ADDRESS **4450 N.W. 61 ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33319**

TITLE **T** ☒ Delete
NAME **SCHROEPFER, REGINA R**
STREET ADDRESS **4450 N.W. 61 ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33319**

TITLE **S** ☐ Delete
NAME **FITE, LESLEY D**
STREET ADDRESS **32225 MERRITT DR.**
CITY-ST-ZIP **WESTLAND MI 48185**

TITLE **CFO - CHIEF FINANCIAL OFFICER** ☐ Delete
NAME **TYEE CARR**
STREET ADDRESS **2100 S.W. RIVER WALK**
CITY-ST-ZIP **PORTLAND, OR 97201**

11. 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

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

JAMES H. FITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03
Date

734-658-3704
Daytime Phone #

CR2E034 (10/02)