

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P28796**

1. Entity Name

MILES MEDIA GROUP, INC.

Principal Place of Business

**3675 CLARK ROAD
SARASOTA FL 34233**

Mailing Address

**3675 CLARK ROAD
SARASOTA FL 34233**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	MILES, ROGER W.	3675 CLARK ROAD SARASOTA FL	<input type="checkbox"/>
	D	BERNSTEIN, STAN	60 CLIFFORD RD PLYMOUTH MA 02360	<input type="checkbox"/>
	D	COMEY, ROBERT A	800 AMERICAN BLDG CEDAR RAPIDS IA	<input type="checkbox"/>
	D	MUNSELL, EVERETT W	34 SEAWATCH DR #1177 BOCA GRANDE FL 33921	<input type="checkbox"/>
	D	O'CONNOR, STEPHEN	P.O. BOX 3437, 210 SEA PIT RD. WAQUOIT MA	<input checked="" type="checkbox"/>
	VST	REHER, RAYMOND A	3675 CLARK RD SARASOTA FL	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90266 032 ***158.75

912569

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0163180**Applied For
Not Applicable5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

CP2E034 (10/00)