2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P28796 **DOCUMENT #**

1. Entity Name

MILES MEDIA GROUP, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90147 034 ***158.75

| | | | | SOD WE'S | ~ | | | | | |
|--|--|--|--------------------|--|---------------------------------------|---|--------------------|--------------------------------|-------------------------|--|
| Principal Place of Business 6751 PROFESSIONAL PARKWAY WEST SARASOTA FL 34240 | | Mailing Address 6751 PROFESSIONAL PARKWAY WEST SARASOTA FL 34240 | | | 4 | | | | | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | 5 | | | | U BIII DADII DIUII | Villi Villi Bi l | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | | 4. FE | Number 65-0163180 | | <u> </u> | olied For Applicable | |
| Zip | Country | Zip | Coun | try | 5. Ce | rtificate of Status Desired | | 8.75 Add ee Required | | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Na | me and Address of New F | legistered Ac | jent | | |
| | U. Hame and Address State | | | Name | · · · · · · · · · · · · · · · · · · · | | | | | |
| WILLIAMS, PARKER, HARRISON, DIETZ 200 S. ORANGE AVE. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | A FL 34236 | | | <u>-</u> | | | | | · · · | |
| 5 | | | | City | - | | FL | Zip Code | 9 | |
| | named entity submits this statement fo | r the purpose of char | oina ite register | ed office or re | egistered ager | t or both, in the State of Flo | orida. I am fa | miliar with, | and accept | |
| | named entity submits this statement to ions of registered agent. | Title purpose or char | iging its register | od omoo or re | og.o.o.oa ago. | ., | | | | |
| | • | | • | | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent | and title if applicable. | (NOTE: Registere | ed Agent signature | e required when reins | stating) | DATE | | | |
| Afte | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 | | , | | | 9. Election Campaign Fir Trust Fund Contribution | | | May Be to Fees | |
| Make Check | Payable to Florida Department o | | | | | TO SECURIO TO OFF | TOCOC AND I | NOCCTOR | 2 INL 1.1 | |
| 10. | OFFICERS AND | | 11. | | ADD | ITIONS/CHANGES TO OFF | | | Addition | |
| TITLE | PD | ☐ Del | | · I | | | | Change | [_] Addition | |
| NAME | MILES, ROGER W. | | NAM | EET ADDRESS | | | • | | | |
| STREET ADDRESS | 3675 CLARK ROAD | | | -ST-ZIP | | | | | | |
| CITY-ST-ZIP | SARASOTA FL | | | + | | | | Change | Addition | |
| TITLE | D OTAN | ☐ Del | ete TITL NAM | | | | | gray Onlingo | | |
| NAME | BERNSTEIN, STAN | | | EET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 60 CLIFFORD RD PLYMOUTH MA 02360 | | | (-ST-ZIP | | | | | | |
| | | | NA | E* ~ | | | | Change | Addition | |
| TITLE | COMEY POREDT A | De | lete NAM | | | | | _ | _ | |
| NAME STREET ADDRESS | COMEY, ROBERT A 800 AMERICAN BLDG | | | | 101 SEC | DND ST SE | #200 | > | | |
| CITY-ST-ZIP | CEDAR RAPIDS IA | | | Y-ST-ZIP | | | | | | |
| TITLE | D | □ Dei | lete TiTi | E | | | | ☐ Change | Addition | |
| NAME | MUNSELL, EVERETT W | | NAM | | | | | | | |
| STREET ADDRESS | 34 SEAWATCH DR #1177 | | STR | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | BOCA GRANDE FL 33921 | , | CIT | Y-ST-ZIP | | | | | | |
| TITLE | VST | De | lete TITI | LE I | D | | | ☐ Change | 🔀 Addition | |
| NAME | REHER, RAYMOND A | | NAM | ME 1 | PAUL F | RHINES | 442N | | | |
| STREET ADDRESS | 3675 CLARK RD | | . STR | REET ADDRESS | 118 3R | D AVE SE # | | ~ · | | |
| CITY-ST-ZIP | SARASOTA FL | | CIT | | | RAPIDS, I | | | | |
| TITLE | D | □ De | lete TITI | LE | VST | | | Change | ■ Addition | |

12. Thereby 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 emowered 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MILLARD, TERRY

818 DOWS RD S.E.

CEDAR RAPIDS IA 52403

2-17-03

SARASOTA, FL 34240

G751 PROFESSIONAL PKWY WEST

342-2300