

2001 UNIFORM BUSINESS REPORT (UBR)

1/19/0

FILED

Feb 12, 2001 8:00 am
Secretary of State

01-19-2001 90058 038 ***150.00

DOCUMENT # P92000007450

1. Entity Name

EDGE BROADCASTING, INC.

Principal Place of Business

**724 SOUTH BEACH STREET
#1
DAYTONA BEACH FL 32114**

Mailing Address

**P.O. BOX 590
DAYTONA BEACH FL 32115**

2. Principal Place of Business

433 SILVER BEACH AVE

Suite, Apt. #, etc.

102

3. Mailing Address

Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Zip

32118

Country

USA

Zip

32114

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3183325**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, REID B

**724 SOUTH BEACH STREET
DAYTONA BEACH FL 32114**

**433 SILVER Beach Ave
#102
Daytona Beach FL
32114**

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 re-registering)

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

**PD
HUGHES, REID B
724 SOUTH BEACH STREET
DAYTONA BEACH FL 32174**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)