

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022973

1. Entity Name

NEW LINE MEDIA, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90018 006 ***150.00

Principal Place of Business

4111 SW 47 AVE
SUITE 311
FT LAUDERDALE FL 33314

Mailing Address

4111 SW 47 AVE
SUITE 311
FT LAUDERDALE FL 33314-4038

2. Principal Place of Business

7654 TROPICANA STREET

3. Mailing Address

7654 TROPICANA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33023

Country

Zip

33023

Country

4. FEI Number

65-0479469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIGIAIMO, JOSEPH G
4111 SW 47 AVE
SUITE 311
FT LAUDERDALE FL 33314

Name
Godfrey DIGIAIMO

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

7654 TROPICANA STREET

City
Hollywood

FL

Zip Code
33023

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

Godfrey Digiaimo President

3/7/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS
NAME DI GIAIMO, JOSEPH ☒ Delete
STREET ADDRESS 4111 SW 47 AVE SUITE 311
CITY-ST-ZIP FT LAUDERDALE FL 33314

TITLE PDS
NAME GODFREY DIGIAIMO ☒ Change ☐ Addition
STREET ADDRESS 7654 TROPICANA STREET
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Godfrey Digiaimo

3/7/00

Date

954-961-3297

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)