

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90221 005 ***150.00

DOCUMENT # P95000009126

1. Entity Name
HYDEN-WHYRES MULTIMEDIA CORP



Principal Place of Business
795 APOLLO CIRCLE, NE
PALM BAY FL 32905

Mailing Address
795 APOLLO CIR NE
PALM BAY FL 32905
US

2. Principal Place of Business

3. Mailing Address

791 Apollo Circle, NE

791 Apollo Circle, NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Palm Bay, FL

Palm Bay, FL

Zip

Country

Zip

Country

32905

USA

32905

USA

4. FEI Number

59-3294464

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

WOLFGRAM, RUSSELL D
795 APOLLO CIRCLE, NE
PALM BAY FL 32905

Name

SAME

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

791 Apollo Circle, NE

City

SAME

FL

Zip Code

SAME

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WOLFGRAM, RUSSELL D.
STREET ADDRESS 795 APOLLO CIRCLE NE
CITY-ST-ZIP PALM BAY FL

TITLE SAME ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 791 Apollo Circle, NE
CITY-ST-ZIP SAME

TITLE ST ☐ Delete
NAME WOLFGRAM, MARIA F.
STREET ADDRESS 795 APOLLO CIRCLE NE
CITY-ST-ZIP PALM BAY FL

TITLE SAME ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 791 Apollo Circle, NE
CITY-ST-ZIP SAME

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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CITY-ST-ZIP

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:

Maria F. Wolfgram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA F WOLFGRAM 2/11/03 321-768-9552
Date Daytime Phone #

1 CR2E034 (10/02)