

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90739 026 ***150.00

DOCUMENT # **P95000025550**

1. Entity Name

SRM INTERACTIVE MEDIA SERVICES, INC.

DO NOT WRITE IN THIS SPACE

80062075

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O LEON D SOLOMON Suite, Apt. #, etc. 603 LONGBOAT CLUB RD City & State LONGBOAT KEY, FL Zip 34288 Country USA		3. Mailing Address C/O EZKR/L GROSSMAN Suite, Apt. #, etc. 120 BLOOMINGDALE RD#402 City & State WHITE PLAINS, NY Zip 10605 Country USA		4. FEI Number 58-2178557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
660 EAST JEFFERSON ST
City
TALLAHASSEE FL Zip Code
32301

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 LEON D SOLOMON 608 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34288	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STEVEN N SOLOMON 3126 WOODLEY ROAD, NW WASHINGTON, DC 20008	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

STEVEN N SOLOMON

914 428 7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #