2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90151 028 ***150.00

DOCUMENT # P95000028128

1. Entity Name
INTERNATIONAL MEDIA HOLDINGS, INC.

Principal Place of Business	Mailing Address
9799 ST AUGUSTINE RD JACKSONVILLE FL 32257	9799 ST AUGUSTINE RD JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3307487 ☐ 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
MOTOLAW INC 50 NORTH LAURA STREET SUITE 2750 JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City / State / 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, type or print 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ' '	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASEY, SHAWN M 9799 ST AUGUSTINE ROAD JACKSONVILLE FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP REECHEE, DAVID 9799 OLD ST. AUGUSTINE RD JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition REECHER, DAVID
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC PENA, DANIEL S SR. 9799 ST. AUGUSTINE ROAD JACKSONVILLE FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LEGRAND, RON 9799 ST. AUGUSTINE RD. JACKSONVILLE, FL 32257 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ALVAREZ, JOSE A 9799 ST. AUGUSTINE ROAD JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLAS, TED 9799 ST. AUGUSTINE ROAD JACKSONVILLE FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, JOHN 9799 ST. AUGUSTINE RD JACKSONVILLE, FL 32257 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGH, CAREY L 9799 OLD ST. AUGUSTINE RD JACKSONVILLE FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: José A. Alvarez JOSÉ A. ALVAREZ DIRECTOR V/P 4-10-01 904-886-2985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number