

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050205

1. Entity Name
THINKBURST MEDIA, INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90165 028 ***550.00

Principal Place of Business
4565 COMMERCIAL DR
SUITE D
NICEVILLE FL 32578
US

Mailing Address
4565 COMMERCIAL DR
SUITE D
NICEVILLE FL 32578
US

B0133922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4588 HWY. 20 EAST
Suite, Apt. #, etc.
SUITE A

3. Mailing Address
← SAME
Suite, Apt. #, etc.

City & State
NICEVILLE, FL
Zip
32578
Country
U.S.A.

City & State
Zip
Country

4. FEI Number 59-3324035
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRI, DANIEL C
4 ELEVENTH AVENUE
SUITE ONE
SHALIMAR FL 32579

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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 KNIGHTEN, THOMAS T 1674 PARKSIDE CIR. NICEVILLE FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDP HERMAN, THOMAS C 4538 SOUTH MINSTER CIRCLE NICEVILLE FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLZER, HARVEY J 3501 WAINSCOTT PLACE WOODBIDGE VA 22192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULFORD, JAMES O 45 MOUNTAIN CEDAR LANE LITTLETON CO 80127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAMES E 5967 S ZENOBIA COURT LITTLETON CO 80123	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

7079 S. GARRISON ST.
LITTLETON, CO 80128

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: Thomas D. Knighten AUG. 7, 2002 850-897-6778

CR2E034 (4/02)