.2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077451 1. Entity Name LING MEDIA, INC.				798 4	Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90188 042 ***150.00		
Principal Place of Business P.O. BOX 23333 P.O. BOX 23333 JACKSONVILLE FL 32241-3333 JACKSONVILLE FL 32241			1333		I (BBIKBBI HA (BHU BIKK BBIK) BUJU B	#(1) fa lih i ra k i ja h zitah	6)181)161 (68)
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 59-3338018		pplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	S8.75 Ad Fee Require	
<u></u>	6. Name and Address of Current R	egistered Agent	Name	7	Name and Address of New Reg	istered Agent	
LING, JULIA E 9252 SAN JOSE BLVD., #101 JACKSONVILLE FL 32257				ddress (P.O. Box Number is Not Acceptable)			
			City	 -		FL Zip Coo	le
8. The above	named entity submits this statement for	the purpose of changing its r	registered office or re	egistered ag	ent, or both, in the State of Florid	a.	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature	required when re	sinstating)	DATE	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		0.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LING, JULIA E. 9252 SAN JOSE BLVD, #101 JACKSONVILLE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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of the cor	ertify that the information supplied with the on this report or supplemental report is trooration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report a	<i>t</i> signature shall have	e the same li	enal effect as if made under oath	r that I am an officer.	or director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

904/130-8824

Daytime Phone :