

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088073

1. Entity Name

GRADEN MEDIA GROUP, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90064 002 ***150.00

Principal Place of Business

1362 86TH TERRACE NORTH
ST. PETERSBURG FL 33702
US

Mailing Address

1362 86TH TERRACE NORTH
ST. PETERSBURG FL 33702-2922
US

2. Principal Place of Business

2800 Leprechaun Lane
Suite, Apt. #, etc.

3. Mailing Address

5601 116th Ave N.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor FL

City & State

Clearwater FL

4. FEI Number

59-3350849

Applied For

Not Applicable

Zip

Country

34683

US

Zip

Country

33760

US

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

GRADEN, JOHN
1362 86TH TERRACE DR
ST. PETERSBURG FL 33702

Name

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

2800 Leprechaun Lane

City

Palm Harbor

FL

Zip Code

34683

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 John Graden
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

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, 2000 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 11

TITLE ☐ Delete
NAME D
STREET ADDRESS GRADEN, JOHN
CITY-ST-ZIP 1362 - 86TH TERRACE NORTH
ST. PETERSBURG FL 33702

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2800 Leprechaun Lane
CITY-ST-ZIP Palm Harbor FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John Graden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 (727) 540-0500

CR2E034 (9/99)