

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 044 ***150.00

DOCUMENT #

1. Entity Name

MURPHY MEDIA & COMPANY, INC.
P96000000480

666205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 S. HARBOR CITY BLVD.

3. Mailing Address

Suite, Apt. #, etc.

200

City & State

MELBOURNE, FLORIDA

4. FEI Number

59-3342585

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **PETER MURPHY**

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

200 S. HARBOR CITY BLVD. # 200

City **MELBOURNE**

FL

Zip Code **32901**

**DO NOT WRITE
IN THIS SPACE**

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 **P**
PETER MURPHY
STREET ADDRESS
200 S. HARBOR CITY BLVD. #200
CITY - ST - ZIP
MELBOURNE, FL 32901

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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 entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2002

CR2E034B (12/01)