

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009856

1. Entity Name
HYDROGEN MEDIA, INC.

Principal Place of Business
3063 TECH DRIVE
ST. PETERSBURG FL 33716
US

Mailing Address
3063 TECH DRIVE
ST. PETERSBURG FL 33716
US

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 59-3360960

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

GOSTYLA, SCOTT
3063 TECH DRIVE
SAINT PETERSBURG FL 33716-1001

Name Kevin Harrison

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

3063 Tech Dr

City ST Petersburg

FL

Zip Code 33716

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)

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 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOSTYLA, SCOTT A 3063 TECH DRIVE SAINT PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SNOWDON, BILL 3063 TECH DRIVE SAINT PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KADOW, JOSEPH 3063 TECH DRIVE SAINT PETERSBURG FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, ROBERT 3063 TECH DRIVE SAINT PETERSBURG FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, ALAN 3063 TECH DRIVE SAINT PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOHLER, KEITH 3063 TECH DRIVE SAINT PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board Scott GOSTYLA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Kevin Harrison 3063 Tech Drive St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARND LEE 3063 Tech Dr St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin V. Harrison

Date

Daytime Phone #

3/23/01 727-530-5300

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90255 029 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)