

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90068 050 \*\*\*150.00

**DOCUMENT # P96000013158**

1. Entity Name  
**USA MULTIMEDIA GROUP, INC.**

Principal Place of Business  
**8101 PHILLIPS HWY,  
 #16  
 JACKSONVILLE FL 32256  
 US**

Mailing Address  
**P.O. BOX 23679  
 JACKSONVILLE FL 32241-3679  
 US**



2. Principal Place of Business

3. Mailing Address  
**P.O. Box 23679**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Jacksonville FL**

4. FEI Number **59-3357986**

Applied For  
 Not Applicable

Zip Country

Zip **32241-3679** Country **FL**

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

6. Name and Address of Current Registered Agent

**MAUDLIN, RAY M  
 8101 PHILIPS HWY  
 STE 16  
 JACKSONVILLE FL 32202**

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.

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 \$150.00**  
**After May 1, 2002 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 MAUDLIN, RAY M**  
 STREET ADDRESS **4998 RATHBONE DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MAUDLIN, SHERYLL L**  
 STREET ADDRESS **4998 RATHBONE DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

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: *Sheryl Maudlin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-02 (904) 730-8546**  
 Date Daytime Phone #

CR2E034 (9/01)