200	1 uniform busi	ness repo	ra (UBR)	May 21 2001 8:00 am
DOCU	MENT # P96000			May 21, 2001 8:00 am Secretary of State
1. Entity Nar	^{ne} Electronic Media	Unlimited I	nc	05-21-2001 90404 027 ***150.00
	100 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1			<u>.</u> .
	w. Silver Hill Ln Lecantd, FL 3446	Mailing Address Same		LUU D8674
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & Sta	te	City & State		4. FEI Number Applied For
Zip	Country	Zip	Country	59-3362183 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
Cena	arano, John J		Name	
7601	1 N Florida Ave rus Springs, FL 344	134	Street Address	ss (PO. Box Number is Not Acceptable)
0101	us opinigs, it of	704		4
			City	FL Zip Code
8. The above	e named entity submits this statement for t	burpose of changing its	registered office or regist	stered agent, or both, in the State of Florida.
SIGNATURE	Signatury, typed or printed name of registers agent and	Hitle if application (NOTI	E: Registered Agent signature require	uired when reinstating) DATE UOLANGE
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1, 20	II FEE IS \$150.00 01 Fee will be \$550.00 ble to Department of St	I mast rund Contribution. Added to rees in
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	Sweeney, Gregory 3	J □ Delete I	NAME STREET ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change
CITY-ST-ZIP	Lecanto, FL 34461	□ Delete	CITY-ST-ZIP THTLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS City-St-Zip	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		,	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
indicated	on this report or supplemental report is tr poration or the receiver or usatee empow, or on an attachment with an address, wit	ue and accurate and that m	ny signature shali have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 307, Florida Statutes; and that my name appears in Block 11 or Block 12 if
CIGIAWI	UILL.	_د_ بر ب		