

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90030 038 ***150.00

DOCUMENT# **996000029788**

1. Entity Name

TELEMEDIA TECHNOLOGIES CORPORATION

425113

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5647 Water Oak Lane

3. Mailing Address

5647 Water Oak Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DONOTWRITEINTHISPACE

City & State

Mulberry FL 33860

City & State

Mulberry FL 33860

4. FEIN Number

59-1646775

Applied For

Not Applicable

Zip **33860**

Country

Zip **33860**

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Richard J. Latona

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

5647 Water Oak Lane

City

Mulberry

FL

Zip Code

33860

**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 if applicable.

(NOTE: Registered Agent's signature is required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elect to do so. ☐

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
STREET ADDRESS
CITY - ST - ZIP

**President
Richard J. Latona
5647 Water Oak Lane
Mulberry, FL 33860**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like powers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-02 863 660 0321

CR2E034B (12/01)