

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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90170 001 13,493.75

DOCUMENT # **P960000 35049**

1. Entity Name

NH media, Inc.

DO NOT WRITE IN THIS SPACE

55038171

2. Principal Place of Business

2295 Corporate Blvd.

3. Mailing Address

2295 Corporate Blvd.

Suite, Apt. #, etc.

Suite 222

Suite, Apt. #, etc.

Suite 222, P.O. Box 5010

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

650667916

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name **Norton Herrick**

90 The Herrick Company, Inc.

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

2295 Corporate Blvd.

Suite 222, P.O. Box 5010

City

Boca Raton

FL

Zip Code

33431

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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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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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 **C, CEO, T.S.D**
NAME **Norton Herrick**
STREET ADDRESS **2295 Corporate Blvd., Suite 222**
CITY- ST- ZIP **Boca Raton, FL 33431**

TITLE **P, CEO**
NAME **John Halle**
STREET ADDRESS **80 South Road**
CITY- ST- ZIP **Northampton, NH 03862**

TITLE **~~Controller~~**
NAME **Nisar A. Kermalli**
STREET ADDRESS **2 Ridgedale Ave**
CITY- ST- ZIP **Cedar Knolls, NJ 07927**

TITLE
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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)(f), 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEO 5/1/03

Date

Daytime Phone #

CR2034S (12/01)