## DOCUMENT # P96000035181

### IMPACT MEDIA GROUP, INC.

Principal Place of Business

Mailing Address

6210 N ANDREWS AVE FT LAUDERDALE FL 33309 6210 N ANDREWS AVE FT LAUDERDALE FL 33309-2129

# 2000 UNIFORM BUSINESS REPORT (UBR)

# **FILED** May 11, 2000 8:00 am Secretary of State

05-11-2000 90002 042 \*\*\*150.00



6. Name and Address of Current Registered Agent  Name  HALPIN, GARY A 6210 N ANDREWS AVE FT LAUDERDALE FL 33309  City  FL Zip  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 little if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible  FILE NOW!!! FEE IS \$150.00  Tax filling requirement and electe to do so.  After MAY 1, 2000 Fee will be \$550.00	Applied For Not Applicable Additional uired
Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Fee Ret  6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Name  HALPIN, GARY A 6210 N ANDREWS AVE FT LAUDERDALE FL 33309  City FL Zip  6. 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  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  City FE Registered Agent signature required when renstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  City FE Registered Agent signature required when renstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  City FE Registered Agent signature required when renstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  City FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECT ORS  CITY 51-7/P  THE MAME  STREET ADDRESS  CITY 51-7/P  THAUDERDALE FL 33309  City 51-7/P  THAUDERDALE FL 33309  City 51-7/P  TAUDERDALE FL 33309	Not Applicable Additional ulired
Signature. Signature. Speed or prefed name of registered agent and stifle if applicable.  Signature. Speed or prefed name of registered agent and stifle if applicable. (INDTE Registered Agent agent agent on back)  Fille NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  (See criteria on back)  The D  ARE D  ARE D  ARE STREET ADDRESS AND DIRECTORS  TILE  D  ARE D  ARE STREET ADDRESS AND DIRECTORS  TILE  D  ARE STREET ADDRESS AND DIRECTORS  TILE  D  ARE STREET ADDRESS AND DIRECTORS  TILE  D  ARE STREET ADDRESS AND DIRECTORS  STREET	Additional ulired
A Street Address of Current Registered Agent  HALPIN, GARY A 6210 N ANDREWS AVE FT LAUDERDALE FL 33309  City  FL  Zip  Signature, typed or prefed name of registered agent and title if applicable.  In this corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  DFFICERS AND DIRECTORS  TITLE  D HALPIN, GARY A 6210 N ANDREWS AVE FT LAUDERDALE FL 33309  Title  D HALPIN, GARY A 6210 N ANDREWS AVE FT LAUDERDALE FL 33309  Title  MAME STREET ADDRESS CITY-ST-ZIP  MAME MADLE, DONALD J GREET ADDRESS CITY-ST-ZIP  GREET ADDRESS CITY	
HALPIN, GARY A 6210 N ANDREWS AVE FT LAUDERDALE FL 33309  City  FL  Zip  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 Fiorida.  Signature, typed or printed name of registered agent and title if applicable.  (INOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  DFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITILE NAME STREET ADDRESS CITY-ST-ZIP  HALPIN, GARY A 6210 N ANDREWS AVE FT LAUDERDALE FL 33309  CITY ST-ZIP  GREET ADDRESS CITY-ST-ZIP  GREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  GREET ADDRESS CITY-ST-ZIP  GREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  GREET	Code
HALPIN, GARY A 6210 N ANDREWS AVE FT LAUDERDALE FL 33309  City  FL Zip  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, Nyew 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 filling requirement and elects to do so.  (See criteria on back)  DFFICERS AND DIRECTORS  TILE  D GARY A 6210 N ANDREWS AVE FT LAUDERDALE FL 33309  GIV-ST-ZIP  Delete  TITLE  D GARY A 6210 N ANDREWS AVE FT LAUDERDALE FL 33309  City-ST-ZIP  GIVE STREET ADDRESS CITY-ST-ZIP  GIVE ST-ZIP  GIVE	Code
B. 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.	Code
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   Part	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  ITILE NAME STREET ADDRESS CITY-ST-ZIP  MADLE, DONALD J 6210 N ANDREWS AVE FT LAUDERDALE FL 33309  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  ITILE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  G210 N ANDREWS AVE FT LAUDERDALE FL 33309  G217-ST-ZIP  G210 N ANDREWS AVE FT LAUDERDALE FL 33309	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  ITILE NAME STREET ADDRESS CITY-ST-ZIP  MADLE, DONALD J 6210 N ANDREWS AVE FT LAUDERDALE FL 33309  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  ITILE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  G210 N ANDREWS AVE FT LAUDERDALE FL 33309  G217-ST-ZIP  G210 N ANDREWS AVE FT LAUDERDALE FL 33309	<del></del>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  ITTLE  VAME  HALPIN, GARY A  STREET ADDRESS  CITY-ST-ZIP  MADLE, DONALD J  6210 N ANDREWS AVE  FT LAUDERDALE FL 33309  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  FT LAUDERDALE FL 33309  10. Election Campaign Financing  Trust Fund Contribution.  Change Trust	<del>_</del>
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Changes  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Changes  Trust Fund Contribution.  The Changes  Trust Fund Contribution.	
THILE  NAME  HALPIN, GARY A  STREET ADDRESS CITY-ST-ZIP  THE  NAME  STREET ADDRESS CITY-ST-ZIP  Cha  CHA  CHA  CHA  CHA  CHA  CHA  CHA  CH	<b>5.00</b> May Be dided to Fees
NAME STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP  TITLE D Delete NAME STREET ADDRESS CITY-ST-ZIP CTAL  DELETE STREET ADDRESS CITY-ST-ZIP CTAL  DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP  CTAL  STREET ADDRESS CITY-ST-ZIP CTIY-ST-ZIP  CTIY-ST-ZIP  DAME STREET ADDRESS CITY-ST-ZIP CTIY-ST-ZIP	ORS IN 11
CITY-ST-ZIP	nge 🔲 Addition
TITLE D Delete TITLE Character Consumer	
WAME MADLE, DONALD J NAME STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309  NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	nge 🔲 Addition
STREET ADDRESS   6210 N ANDREWS AVE   STREET ADDRESS   CITY-ST-ZIP   FT LAUDERDALE FL 33309   CITY-ST-ZIP	.gc
CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP	
	nge
NAME	<u>-</u>
STREET ADDRESS STREET ADDRESS	
CITY-SI-ZIP CITY-SI-ZIP	
TITLE Delete TITLE Cha	nge 🔲 Addition
VAME NAME	_
STREET ADDRESS STREET ADDRESS	
CITY-SI-ZIP CITY-SI-ZIP	
TITLE Delete TITLE Cha	nge 🔲 Addition
NAME NAME	
STREET ADDRESS STREET ADDRESS	
CITY-SI-ZIP CITY-SI-ZIP	
ITILE Delete TITLE Cha	nge 🔲 Addition
NAME	
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP	
13. Thereby 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	

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 all other like empowered. of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

SIGNATURE: