2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P96000044349 1. Entity Name INTERMART BROADCASTING OF FLORIDA, INC. 04-04-2001 90095 002 ***150.00 Principal Place of Business Mailing Address -8148 BONITA BEACH ROAD 9148 BONITA BEACH ROAD #906 938799 BONITA SPRINGS PL 34135 BONITA SPRINGS FL 34135 3. Mailing Address 2. Principal Place of Business 11530 S. TAMIAMI TI. ०४६८ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 18.983 Applied For City & State 4. FEI Number City & State 65-0667432 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 33 \mathscr{BOP} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAHLIN, PATRICIA S Street Address (P.O. Box Number is Not Acceptable) 19148 BONITA BEACH ROAD #205 **BONITA SPRINGS FL 34135** *33%*68 **E**lty L e 23 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. <u>0 6</u> Addition Change Delete TITLE TITLE MARTIN, JAMES E NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1427 CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL 33921** ☐ Addition Change ☐ Delete TITLE TITLE DAHLIN, PATRICIA S NAME NAME L380 COCOS DMVE 9148 BONITA BEACH ROAD #205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BONITA SPRINGS FL 34135 ☐ Addition Change * Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO