

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000045329**

1. Entity Name

SOUTHERN MEDIA PUBLICATIONS, INC.**FILED****Mar 17, 2000 8:00 am**
Secretary of State

03-17-2000 90034 026 ***150.00

Principal Place of Business

Mailing Address

50 N. LAURA ST
STE 2750
JACKSONVILLE FL 32207**50 N. LAURA ST**
STE 2750
JACKSONVILLE FL 32202-3640**C0039125**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

605 MULLIGAN WAY**605 MULLIGAN WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine FLORIDA

City & State

St. Augustine FLORIDA4. FEI Number **59-3379692**

Applied For

Not Applicable

Zip

Country

32084**St. Johns**

Zip

Country

32084**St. Johns**5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MOTOLAW, INC.
50 N. LAURA ST
STE 2750
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name **MICHAEL DIFATO JR.**

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

605 MULLIGAN WAYCity **St. Augustine** **FL** Zip Code **32084**

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 **MICHAEL DIFATO JR. PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3-1-2000**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DPS			
	DIFATO, MICHAEL A JR	605 MULLIGAN'S WAY	ST AUGUSTINE FL 32084	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 or Block 12 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: **MICHAEL DIFATO JR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-2000**904-826-4544**

CR2E034 (9/99)