

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 05, 2001 08:00 AM****Secretary of State****DOCUMENT # P96000061967**1. Entity Name
FLORIDA MEDIA BROADCASTERS, INC.**Principal Place of Business****Mailing Address**

300 NINE MILE POINT ROAD

523 DOUGLAS AVE

PIERSON
32180

US

FL

ALTAMONTE SPRINGS
32714

US

FL

2. Principal Place of Business
1060 W. BEAVER CREEK BLVD3. Mailing Address
P.O. BOX 3266Suite, Apt. #, etc.
SUITE C

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
AVON COCity & State
AVON CO4. FEI Number
59-3391038

Applied For

Not Applicable

Zip
81620Country
USZip
81620Country
US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HALL DAVID W**
225 S WESTMONTE DRALTAMONTE SPRINGS
32814

US

FL

Name

HALL DAVID WStreet Address (P.O. Box Number is Not Acceptable)
485 CARDINAL OAKS CT.City
LAKE MARY

FL

Zip Code
32714

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

07/05/2001

Signature, typed 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 filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCCOTTER JAMES D
P.O. BOX 3266 N/A
AVON CO ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCCOTTER JAMES D
P.O. BOX 3266
AVON CO 81620 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HALL DAVID W
225 S WESTMONTE DRIVE STE 3020
ALTAMONTE SPRINGS FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HALL DAVID W
485 CARDINAL OAKS CT
LAKE MARY FL 32746 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE: David W. Hall

S

07/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)