

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90124 010 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078239

1. Entity Name
L & M MEDIA, INC.



Principal Place of Business

~~9155 9TH AVE NORTH~~
~~33777~~
LARGO, FL 33777

Mailing Address

~~9155 9TH AVE NORTH~~
~~33777~~
LARGO, FL 33777

10029741

2. Principal Place of Business

9155 94th AVE NORTH
Suite, Apt. #, etc.

3. Mailing Address

9155 94th AVE NORTH
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

LARGO FL

City & State

LARGO, FL

4. FEI Number

58-3404163

Applied For

Not Applicable

Zip

33777

Country

Zip

33777

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, RICHARD D
1010 DREW STREET
CLEARWATER, FL 34616

33755

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33755

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RUSSELL, JANN L
STREET ADDRESS 9166 94TH AVENUE NORTH
CITY-ST-ZIP LARGO, FL 33777 ☐ Delete

TITLE VP
NAME COUSIN, MICHAEL
STREET ADDRESS 9166 94TH AVENUE NORTH
CITY-ST-ZIP LARGO, FL 33777 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME MICHAEL
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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 DIRECTOR

PRES.

2/14/03

727-394-2501

Date

Daytime Phone #

CR2E034 (10/02)