

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 94th AVE NORTH~~
~~33777~~
LARGO, FL 33777

Mailing Address
~~9155 94th 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
59-3404163

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

7. Name and Address of New Registered Agent

GREEN, RICHARD D
1010 DREW STREET
CLEARWATER, FL 34615

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
 Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Michael PRES.

2/14/03 727-394-2501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)