

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90016 035 ***150.00

DOCUMENT # P96000098329

1. Entity Name
FREEDOM MEDIA, INC.

Principal Place of Business
1600 SOUTH DIXIE HIGHWAY #5AB
ROYAL PALM TOWERS III
BOCA RATON FL 33432

Mailing Address
1600 SOUTH DIXIE HIGHWAY #5AB
ROYAL PALM TOWERS III
BOCA RATON FL 33432

2. Principal Place of Business
6401 CONGRESS AVE.

3. Mailing Address
6401 CONGRESS AVE

Suite, Apt. #, etc.
#240

Suite, Apt. #, etc.
#240

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33487

Country

Zip
33487

Country

4. FEI Number 65-0711027

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELTZER, BARRY M
1600 SOUTH DIXIE HIGHWAY #5AB
ROYAL PALM TOWERS III
BOCA RATON FL 33432

Name
BARRY M. MELTZER
Street Address (P.O. Box Number is Not Acceptable)
6401 CONGRESS AVE #240
City BOCA RATON FL Zip Code 33487

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 *Barry Meltzer*
Signature, typed or printed name of registered agent and title if applicable.

BARRY MELTZER
(NOTE: Registered Agent signature required when reinstating)

4/9/01
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	D BARRY M MELTZER 1600 SO DIXIE HWY #5AB BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P BARRY M. MELTZER 6401 CONGRESS AVE #240 BOCA RATON FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: *Barry Meltzer* BARRY MELTZER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01
Date

(561) 750-0402
Daytime Phone #

CR2E034 (10/00)