

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90771 028 ***150.00

05/26/03 AV

DOCUMENT # P96000100863

1. Entity Name
CLASSIC MEDIA, INC.



Principal Place of Business
**1846 S.E. 38TH AVENUE
OCALA FL 34471**

Mailing Address
**1846 S.E. 38TH AVENUE
OCALA FL 34471**



2. Principal Place of Business
230 S.E. 45TH TERRACE
Suite, Apt. #, etc.

3. Mailing Address
230 S.E. 45TH TERRACE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number **59-3422540**

Applied For
☐ Not Applicable

Zip
34471

Country
MARION

Zip
34471

Country
MARION

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

6. Name and Address of Current Registered Agent

**FISCHER, EDMUND H
1846 S.E. 38TH AVENUE
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
230 S.E. 45TH TERRACE
City **OCALA** FL **34471**

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 *Edmund H. Fischer* **4-29-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	<input type="checkbox"/> Delete
NAME	FISCHER, EDMUND H.	
STREET ADDRESS	1846 SE 38TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FISCHER, KAREN R	
STREET ADDRESS	1846 SE 38TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Edmund H. Fischer* **4-29-03** **352-694-9554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)