## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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## FILED DOCUMENT # P97000027883 Jan 19, 2000 8:00 am Secretary of State CD MEDIA, INC. 01-19-2000 90101 029 \*\*\*150.00 Principal Place of Business Mailing Address 138 HATTAWAY DR P.O. BOX 150999 ALTOMONTE SPR FL 32793-4936 ALTAMONTE SPR FL 32701 3. Mailing Address 2. Principal Place of Business 4936 PO BOX 3125 Raiders DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3423425 Not Applicable Winter Winter Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required U.S.A 3279 U.S.A 32743 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DeBoer MARJORIE L. KELSEY Street Address (P.O. Box Number is Not Acceptable) 138 HATTAWAY DR Raiders Run ALTAMONTE SPR FL 32701 mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Addition TITI F □ Delete TITI F DEBOER, CLINT E. DeBoer NAME Christina NAME 3125 RAIDER'S RUN STREET ADDRESS 3125 Roiders STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP Winter Pork FL\_ ☐ Addition ☐ Change Delete TITLE TITLE KELSEY, MARJORIE L. NAME 138 HATTAWAY DR STREET ADDRESS STREET ADDRESS ALTOMONE SPR FL 32701 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 🗆 Delete - 🕳 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 fusive expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if