

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90935 026 ***150.00

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DOCUMENT # P97000060776

1. Entity Name
ADVANTAGE MEDIA, INC.



Principal Place of Business

~~1835 GINZA RD NW~~
1835 W. EAU GALIE BLVD. STALL #AW77
SATELLITE BEACH FL 32907

Mailing Address

PO BOX 2907
MELBOURNE FL 32902-2907
US

10076060



2. Principal Place of Business

1835 W. EAU GALIE BLVD

3. Mailing Address

Suite, Apt. #, etc.

STALL # AW77

City & State

MELBOURNE, FL

City & State

4. FEI Number

59-3457900

Applied For

Not Applicable

Zip

32935

Country

BREVARD

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STALNAKER, FAITH K
300 INTERNATIONAL PARKWAY, SUITE 376
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Craig H. Laird

2/19/03

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 ~~PTDC~~ ☐ Delete
NAME LAIRD, CRAIG H
STREET ADDRESS 50 BERKELEY ST. APT A-102-
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ~~VPSD~~ ☒ Delete
NAME ~~LAIRD, KIMBERLEE D~~ **DELETE THIS PERSON**
STREET ADDRESS 2265 FRIDAY CT
CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT DIRECTOR COB** ☒ Change ☐ Addition
NAME **CRAIG H. LAIRD**
STREET ADDRESS **P.O. BOX 2907**
CITY-ST-ZIP **MELBOURNE, FL 32902-2907**

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

Date

321-777-5388

Daytime Phone #

CR2E034 (10/02)