

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90785 048 ***150.00

DOCUMENT # P97000063393

1. Entity Name
INTERMART BROADCASTING TWIN FALLS, INC.



Principal Place of Business
**6380 COCOS DRIVE
FORT MYERS FL 33908**

Mailing Address
**16520 S. TAMiami TR
18283
FORT MYERS FL 33908**



2. Principal Place of Business
3434 SW 26th PL
Suite, Apt. #, etc.

3. Mailing Address
3434 SW 26th PL
Suite, Apt. #, etc.

City & State
CAPE CORAL FL
Zip
33914
Country

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CAPE CORAL FL
Zip
33914
Country

4. FEI Number **65-0768938**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAHLIN, PATRICIA S
6380 COCOS DR
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name **Woods, Patricia S**
Street Address (P.O. Box Number is Not Acceptable)
3434 SW 26th PL
City **CAPE CORAL** FL Zip Code **33914**

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 **Patricia S. Woods**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/7/03**

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 **D**
NAME **MARTIN, JAMES E JR.**
STREET ADDRESS **P O BOX 1427**
CITY-ST-ZIP **BOCA GRANDE FL 33921**
☐ Delete

TITLE **V**
NAME **DAHLIN, PATRICIA S.**
STREET ADDRESS **6380 COCOS DR**
CITY-ST-ZIP **FORT MYERS FL 33908**
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME **Woods, Patricia S.**
STREET ADDRESS **3434 SW 26th PL**
CITY-ST-ZIP **CAPE CORAL FL 33914**
☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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: **Patricia S. Woods**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03 239-851-4502
Date Daytime Phone #

CR2E034 (10/02)