

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-10-2003 90785 047 ***150.00

DOCUMENT # P97000063400

1. Entity Name
INTERMART BROADCASTING POCATELLO, INC.



Principal Place of Business
6380 COCOS DRIVE
FORT MYERS FL 33908

Mailing Address
16520 S TAMiami TR
#18283
FORT MYERS FL 33908

10000404



2. Principal Place of Business
3434 SW 26th Place

3. Mailing Address
3434 SW 26th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33914

Country

Zip

33914

Country

4. FEI Number 65-0768933

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

DAHIN, 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 Place
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

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

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

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

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Patricia S. Dahlin* SIGNATURE REQUIRED, P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03

Date

239-851-4502

Daytime Phone #

CR2E034 (10/02)