

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90027 027 ***150.00

DOCUMENT # P97000065936

1. Entity Name
MOLECULAR MEDIA, INC.

Principal Place of Business
**2852 20TH AVE., N.
ST. PETERSBURG FL 33713**

Mailing Address
**2852 20TH AVE., N.
ST. PETERSBURG FL 33713**

2. Principal Place of Business
1800 59th Circle South
Suite, Apt. #, etc.

3. Mailing Address
1800 59th Circle South
Suite, Apt. #, etc.

City & State
St. Petersburg FL
Zip
33712
Country
US

City & State
Florida
Zip
33712
Country
US

4. FEI Number **59-3459690**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITE, ANDREW S.
357 5TH ST S
APT 6
ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1800 59th Circle South
City
St. Petersburg **FL** Zip Code
33712

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.

SIGNATURE  **02/14/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	IERNA, THOMAS	
STREET ADDRESS	1116 JACKSON ST, N	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOOD, JERRY	
STREET ADDRESS	2852 20TH AVE N, SUITE A	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WHITE, ANDREW S.	
STREET ADDRESS	357 5TH ST S, APT 6	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director of Public Relations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Patrick Cassara	
STREET ADDRESS	2084 68 Terrace South	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **02/14/01** **727 463 0046**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0362530

CR2E034 (10/00)