

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90010 015 ***550.00

DOCUMENT # P97000065978

1. Entity Name
LDM MEDIA, INC.



Principal Place of Business
**6412 WOODLAKE RD.
JUPITER FL 33458**
**361-2 Prestwick Cir.
Palm Beach Gardens, FL 33418**

Mailing Address
**6412 WOODLAKE RD.
JUPITER FL 33458**

same



2. Principal Place of Business
361-2 PRESTWICK CIRCLE

3. Mailing Address
361-2 Prestwick Circle

☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens-FL

City & State
Palm Beach Gardens FL

4. FEI Number
65-0775171

Applied For
☐ Not Applicable

Zip
33418

Country
USA

Zip
33418

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRVING, J. BRUCE
501 BRICKELL KEY DR., STE. 300
MIAMI FL 33131-2608**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DESMARIS, LINDA 6412 WOODLAKE RD JUPITER FL 33458 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DESMARIS, LINDA 361-2 PRESTWICK CIRCLE PALM BEACH GARDENS, FL 33418 | <input type="checkbox"/> Delete |
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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 *Linda Desmaris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/03 *1(561) 691-1000*
Date Daytime Phone #
1432

0417841 AV

CR2E034 (10/02)