

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067599

1. Entity Name
NEOMEDIA, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90102 018 ***150.00

Principal Place of Business

815 PEPPERTREE CT
W. PALM BEACH FL 33414-925
US

Mailing Address

P O BOX 20971
W. PALM BEACH FL 33416-971
US

UUUJ4bJJ

2. Principal Place of Business

1254 S. MILITARY TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DEERFIELD BEACH

City & State

Zip
33442

Country
BROWARD

Zip

Country

4. FEI Number 65-0809679

Applied For
Not Applicable

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

LOFLIN, JON M
815 PEPPERTREE CT
W. PALM BEACH FL 33414

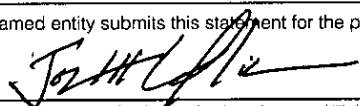
Name

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

1254 S. MILITARY TRAIL # 1323

City DEERFIELD BEACH FL Zip 33442

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  Signature, typed or printed name of registered agent and title if applicable.

JON M. LOFLIN

3-10-01

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME LOFLIN, JON M
STREET ADDRESS 815 PEPPERTREE COURT
CITY-ST-ZIP W PALM BCH FL 33414

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1254 S. MILITARY TRAIL # 1323
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON M. LOFLIN

Date

3-10-01 (561) 309-4963

Daytime Phone #

CR2E034 (10/00)