2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000089718**

1. Entity Name

IMPACT MEDIA MANAGEMENT, INC.

2060 N.W. BOCA RATON BLVD.

100 SE 2ND ST, SUITE 3400

Country

BROWARD

6. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business

BOCA RATON, FL

WITES, MARC

MIAMI FL 33131

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

Name

City

1098 NW 2ND AVE **BOCA RATON FL 33432**

Suite, Apt. #, etc.

33431-<u>741</u>4

City & State

1098 NW 2ND AVE **BOCA RATON FL 33432-2616**

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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change ☐ Delete TITLE TITLE ALARCON, KATHY NAME 1098 NW 2ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Delete TITLE Change noitibhA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE : Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date

FILED Mar 04, 2000 8:00 am **Secretary of State**

03-04-2000 90102 048 ***150.00



DO NOT WRITE IN THIS SPACE

FL

65-0787619

7. Name and Address of New Registered Agent

4. FEI Number

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

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable