

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90115 036 \*\*\*150.00

**DOCUMENT # P97000104878**



1. Entity Name  
**MORGAN MEDIA, INC.**

Principal Place of Business  
**130 SHORE ROAD  
SUITE 248  
PORT WASHINGTON NY 11050**

Mailing Address  
**130 SHORE ROAD  
SUITE 248  
PORT WASHINGTON NY 11050**

2. Principal Place of Business  
**Box 389**

3. Mailing Address  
**Box 389**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ROSLYN NY**

City & State  
**ROSLYN NY**

Zip  
**11576**

Country  
**USA**

Zip  
**11576**

Country  
**USA**

4. FEI Number **59-3493160**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**LEPORE, ANTHONY T ESQ, PA  
18145 SW 5TH COURT  
PEMBROKE PINES FL 33029**

## 7. Name and Address of New Registered Agent

Name  
**ANTHONY T. LEPORE, ESQ. P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1890 NW 139 TERR**

City  
**Pembroke Pines**

FL

Zip Code  
**33028**

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 **ANTHONY T. LEPORE**

**3/26/03**

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 **D** ☐ Delete  
NAME **RIMMER, DAVID**  
STREET ADDRESS **130 SHORE RD, #248**  
CITY-ST-ZIP **PORT WASHINGTON NY 11050**

TITLE **D** ☐ Delete  
NAME **RIMMER, JENNIFER E**  
STREET ADDRESS **130 SHORE RD, #248**  
CITY-ST-ZIP **PORT WASHINGTON NY 11050**

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 **D** ☒ Change ☐ Addition  
NAME **RIMMER, DAVID**  
STREET ADDRESS **Box 389**  
CITY-ST-ZIP **ROSLYN NY 11576**

TITLE **D** ☒ Change ☐ Addition  
NAME **RIMMER JENNIFER E.**  
STREET ADDRESS **Box 389**  
CITY-ST-ZIP **ROSLYN NY 11576**

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

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

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED** Director

**3/26/03**

**516-684-1166**

Date

Daytime Phone #

CR2E034 (10/02)