

FILED

03 JUL -1 AM 9:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

- AMENDED -

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000107305			
1. Entity Name ROOT MEDIA GP, INC.			
Principal Place of Business 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174		Mailing Address 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3488901		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOGES, WILLIAM J 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600021240756 07/01/03--01042--009 **\$1.25 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 _____ (NOTE: Registered Agent signature required when electing)			
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	DP ROOT, JOHN S 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Root, John S. 275 Clyde Morris Blvd Ormond Beach, FL 32174 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VOGES, WILLIAM J 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Voges, William J. 275 Clyde Morris Blvd. Ormond Beach, FL 32174 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERS, MELISSA 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DITTBENNER, EILEEN 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROOT, J. PRESTON 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JONES, VICKY R 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 my address, with all other like empowered.			
SIGNATURE: _____		June 24, 2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)

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