

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004379

1. Entity Name

SOUTHEAST MEDIA CORPORATION

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90031 034 ***150.00

Principal Place of Business

Mailing Address

1031 NW 6TH ST
 STE A-3
 GAINESVILLE FL 32601

PO BOX 15192
 GAINESVILLE FL 32604-5192

2. Principal Place of Business

3. Mailing Address

1015 W. UNIVERSITY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2ND FLOOR

City & State

City & State

GAINESVILLE FL

Zip

Country

Zip

Country

32601

4. FEI Number

59-3487721

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

HAYTER, JOHN
 704 NE 1ST STREET
 GAINESVILLE FL 32601

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.

SIGNATURE

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

(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, 2000 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 **MEISEL, MARC**
 STREET ADDRESS **1031 NW 6TH ST, #A3**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED
MARC MEISEL

Date

Daytime Phone #

4-2700 352-377-1402

CR2E034 (9/99)