

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017012

1. Entity Name
E MEDIA CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90024 023 ***150.00

Principal Place of Business 4691 NO UNIVERSITY DR #435 CORAL SPRINGS FL 33067	Mailing Address 4691 NO UNIVERSITY DR #435 CORAL SPRINGS FL 33067-4620
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4630 No. University Dr.</i> Suite, Apt. #, etc. <i>435</i> City & State <i>Coral Springs, FL</i> Zip <i>33067</i>	3. Mailing Address <i>4630 No. University Dr.</i> Suite, Apt. #, etc. <i>435</i> City & State <i>Coral Springs, FL</i> Zip <i>33067</i>
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4. FEI Number 65-0820949	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
RYDER, DAVID
4691 NO UNIVERSITY DR
#435
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent
Name *David Ryder*
Street Address (P.O. Box Number is Not Acceptable)
4630 No. University Dr. #435
City *Coral Springs* **FL** Zip Code *33067*

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 *David Ryder* DATE *4-15-2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYDER, DAVID 4691 NO UNIVERSITY DR #435 CORAL SPRINGS FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D David Ryder 4630 No. University Dr. #435 Coral Springs, FL 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Ryder* **REQUIRED** DATE *4-15-2000*
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/99)