

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90447 047 ***150.00

0314319

DOCUMENT # P98000035117

1. Entity Name

ATKINSON MEDIA MARKETING U.S., INC.

Principal Place of Business

**4050 SEA GRAPE CIRCLE
 STE 100
 DELRAY BEACH FL 33445
 US**

Mailing Address

**4050 SEA GRAPE CIRCLE
 STE 100
 DELRAY BEACH FL 33445
 US**

817554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 EAST LINTON BLVD.

100 EAST LINTON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 411-B

SUITE 411-B

City & State

City & State

DELRAY BEACH, FL

DELRAY BEACH, FL

Zip

Country

Zip

Country

33483

USA

33483

USA

4. FEI Number **65-0830730**

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

**ATKINSON, DAVID H
 4050 SEA GRAPE CIRCLE
 SUITE 100
 DELRAY BEACH FL 33445**

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

DAVID H. ATKINSON

3/14/01

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, 2001 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 **PD** ☐ Delete
 NAME **ATKINSON, DAVID H**
 STREET ADDRESS **4050 SEA GRAPE CIRCLE, STE 100**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **VSTD** ☐ Delete
 NAME **ATKINSON, GISELE N**
 STREET ADDRESS **4050 SEA GRAPE CIRCLE, STE 100**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

DAVID H. ATKINSON

3/14/01

Date

561-274-2420

Daytime Phone #

CR2E034 (10/00)