

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90157 018 \*\*\*150.00

**A0056933**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9800037675

1. Entity Name

ULTIMEDIA INTERNATIONAL, INC.

Principal Place of Business

1760-G LINTON LAKE DRIVE  
 DELRAY BEACH, FLORIDA 33445

Mailing Address

SAME

2. Principal Place of Business

540 NW 165th STREET ROAD

Suite, Apt. #, etc.

SUITE 300

3. Mailing Address

SAME AS NEW IN #2

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

City & State

4. FEI Number

65-0833135

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CARLA L. BROWN  
 301 CLEMATIS STREET, SUITE 203  
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

WILLIAM KERCHER

Street Address (P.O. Box Number is Not Acceptable)

540 NW 165th STREET ROAD, SUITE 300

City

NORTH MIAMI

FL

Zip Code

33169

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

WILLIAM C. KERCHER III

4/16/01

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

TITLE PRESIDENT/TREASURER ☐ Delete  
 NAME WILLIAM C. KERCHER III  
 STREET ADDRESS 1545 EULLIO AVE. #2L  
 CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE SECRETARY/VP ☐ Delete  
 NAME JONATHAN L. SPECTOR  
 STREET ADDRESS 1760-G LINTON LAKE DR.  
 CITY-ST-ZIP DELRAY BEACH, FL 33445

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT/TREASURER ☒ Change ☐ Addition  
 NAME WILLIAM C. KERCHER III  
 STREET ADDRESS 5721 SUNSET DRIVE  
 CITY-ST-ZIP SOUTH MIAMI, FL 33145

TITLE SECRETARY/VP ☒ Change ☐ Addition  
 NAME JONATHAN L. SPECTOR  
 STREET ADDRESS 1455 DREXEL AVE #2  
 CITY-ST-ZIP MIAMI BEACH, FL 33139

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

305-945-5714

Daytime Phone #

CR2E034 (11/00)