

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047333

1. Entity Name

VP MEDIA, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90003 006 \*\*\*150.00

Principal Place of Business

1801 SOUTH FEDERAL HWY. ~~SUITE 235~~  
STE 300  
DELRAY BEACH FL 33483

Mailing Address

1801 SOUTH FEDERAL HWY. ~~SUITE 235~~  
STE 300  
DELRAY BEACH FL 33483-3347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc. **300**

City & State

3. Mailing Address

Suite, Apt. #, etc. **300**

City & State

4. FEI Number **06-1520718**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

~~CT CORPORATION SYSTEM~~  
~~1200 SOUTH PINE ISLAND RD~~  
~~PLANTATION FL 33324~~

Name **Martin Cherry**  
Street Address (P.O. Box Number is Not Acceptable)  
**1801 South Federal Highway**  
**Suite 300**  
City **Delray Beach** **FL** Zip Code **33483**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>RANDEZZA, JOSEPH</del>	
STREET ADDRESS	<del>1801 SOUTH FEDERAL HWY, SUITE 235</del>	
CITY-ST-ZIP	<del>DELRAY BEACH FL 33483</del>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>BACHKOFF, ERIC</del>	
STREET ADDRESS	<del>1801 SOUTH FEDERAL HWY, SUITE 235</del>	
CITY-ST-ZIP	<del>DELRAY BEACH FL 33483</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Cherry	
STREET ADDRESS	1801 South Federal Highway, Suite 300	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	D, VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Cherry	
STREET ADDRESS	1801 South Federal Highway, Suite 300	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Potenza	
STREET ADDRESS	25 Harvard	
CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/00 561-272-566**  
Date Daytime Phone #

CR2E034 (9/99)