

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047617

1. Entity Name
KW MEDIA GROUP, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90070 010 ***150.00

Principal Place of Business
**1042 MAIN STREET, STE. 201
DUNEDIN FL 34698**

Mailing Address
**1042 MAIN STREET, STE. 201
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3516873**

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

**KELBY, SCOTT G
711 WILDFLOWER
PALM HARBOR FL 34683**

Name

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

City

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 re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, SCOTT G 711 WILDFLOWER PALM HARBOR FL 34683	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WORKMAN, JAMES J 3020 ASHLAND TERR CLEARWATER FL 33761	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELBY, KALEBRA 711 WILDFLOWER PALM HARBOR FL 34683	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENDRA, JEAN A 3020 ASHLAND TERR CLEARWATER FL 33761	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)