

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91634 045 ***150.00

DOCUMENT # P98000058949

1. Entity Name

NEWMEDIA PROMOTIONS, INC.

Principal Place of Business

**151 W. GEORGE AVENUE
 MAITLAND FL 32751**

Mailing Address

**151 W. GEORGE AVENUE
 MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

20165

20165

USA

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3518297

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Jon Wood

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

C/o Julie Noble, CPA

1177 Louisiana Avenue, Suite 109

City

Winter Park

FL

Zip Code

32789

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

Jon C. Wood, President

04/22/2002

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, 2002 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 **PTS**
 NAME **WOOD, JON**
 STREET ADDRESS **151 W. GEORGE AVENUE**
 CITY-ST-ZIP **MAITLAND FL 32751**

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS**
 NAME **Wood, Jon**
 STREET ADDRESS **1177 Louisiana Avenue**
 CITY-ST-ZIP **Winter Park, FL 32789 Suite 109**

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02

Date

703-948-7150

Daytime Phone #