

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063083

1. Entity Name

KDDM, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90044 028 ***150.00

Principal Place of Business

Mailing Address

~~497 EAST SEMORAN BOULEVARD~~
~~SUITE 168~~
~~CASSELBERRY FL 32707~~

~~497 EAST SEMORAN BOULEVARD~~
~~SUITE 168~~
~~CASSELBERRY FL 32718-1391~~

2. Principal Place of Business

3. Mailing Address

725 CR 427 Hwy
Suite, Apt. #, etc.
117

P.O. Box 181391

City & State

City & State

Longwood, FL

Casselberry FL 32718

Zip
32750

Country

Zip
32718

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3523363

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
MARTINEZ, L K
497 EAST SEMORAN BOULEVARD
CASSELBERRY FL 32707 ☐ Delete

TITLE
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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:

Robert M. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

407.835-0065

Daytime Phone #

CR2E034 (9/99)