

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065932

1. Entity Name

TAKE THREE MEDIA, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90169 001 ***150.00

05-06-2000 90169 002 *****8.75

Principal Place of Business

Mailing Address

2185 S CONWAY RD

2185 S CONWAY RD

STE 1506

STE 1506

ORLANDO FL 32812

ORLANDO FL 32812-8957

2. Principal Place of Business

3. Mailing Address

4793 S. Orange Ave.

Suite, Apt. #, etc.

4793 S. Orange Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip 32806

Country USA

City & State

Orlando, FL

Zip 32806

Country USA

4. FEI Number

59-3528436

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNS, JR., GERALD J
2185 S. CONWAY RD
STE 1506
ORLANDO FL 32812

7. Name and Address of New Registered Agent

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

TITLE	P	☐ Delete
NAME	JOHNS, JR., GERALD J	
STREET ADDRESS	2185 S. CONWAY RD #1506	
CITY-ST-ZIP	ORLANDO FL 32812	
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	☐ 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	
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 of Gerald J. Johns, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2000 407-826-0065

CR2E034 (9/99)