

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071232

1. Entity Name
GCG MEDIA, INC.

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90010 017 ***558.75

Principal Place of Business
10460 ROOSEVELT BLVD STE 282
ST PETERSBURG FL 33716

Mailing Address
10460 ROOSEVELT BLVD STE 282
ST PETERSBURG FL 33716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. *Suite 311*
3225 SOUTH MacDILL AVE
City & State *Tampa, Florida*
Zip *33629* Country *US*

Suite, Apt. #, etc. *Suite 311*
3225 SO. MacDILL AVENUE
City & State *Tampa, FL*
Zip *33629* Country *US*

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3529956** 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

GROOVER, ROBERT W
10460 ROOSEVELT BLVD STE 282
ST PETERSBURG FL 33716

Name *Robert W. Groover*
Street Address (P.O. Box Number is Not Acceptable)
3225 SOUTH MacDILL AVENUE Suite 311
Tampa, FL 33629
City *Tampa* State *FL* Zip Code *33629*

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]* DATE *9/12/01*

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 GROOVER, ROBERT W 10460 ROOSEVELT BLVD STE 282 ST PETERSBURG FL 33716	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: *9/12/01* DAYTIME PHONE #: *813.258.9322*

0121585 AT

CR2E034 (5/01)