

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90064 001 ***158.75

DOCUMENT # P98000074992

1. Entity Name
SELECT MEDIA, INC.

Principal Place of Business 320 GOLF BROOK CIR 102 LONGWOOD FL 32779	Mailing Address 320 GOLF BROOK CIR 102 LONGWOOD FL 32779
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00010001



DO NOT WRITE IN THIS SPACE


2. Principal Place of Business 286 New Gate Loop <small>Suite, Apt. #, etc.</small>	3. Mailing Address 286 New Gate Loop <small>Suite, Apt. #, etc.</small>
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City & State Heathrow, FL	City & State Heathrow, FL	4. FEI Number 59-3532931	Applied For <input type="checkbox"/> Not Applicable
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Country Seminole	Country Seminole	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARONOFF, LEN ESQ. 1947 LEE RD. WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name George P. Demakos Street Address (P.O. Box Number is Not Acceptable) 286 New Gate Loop City Heathrow FL Zip Code 32746
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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  **George P. Demakos, President** 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DEMAKOS, GEORGE P 320 GOLF BROOK CIR #102 LONGWOOD FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President George P. Demakos 286 New Gate Loop Heathrow, FL 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 written or other like empowered.

SIGNATURE:  **George P. Demakos, President** Date _____ Daytime Phone # **407-302-1314**

CR2E034 (10/00)