2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000090783 May 09, 2000 8:00 am **Secretary of State** STEELE INTERACTIVE MEDIA, INC. 05-09-2000 90022 021 ***150.00 Mailing Address Principal Place of Business 30 BANYAN RD. 30 BANYAN RD. OCALA FL 34472-9056 OCALA FL 34472 3. Mailing Address 2. Principal Place of Business SE Maricamp Rd-3233 SE Maricamold DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. <u>suite</u> 105 Sult 105 Applied For 4. FEI Number 59-3538580 Not Applicable Ocala, 7 Country USA \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEELE, TIMOTHY L Street Address (P.O. Box Number is Not Acceptable) 30 BANYAN RD. OCALA FL 34472 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE STEELE, TIMOTHY L NAME 3233 SE Maricamp RD., Suite 105 STREET ADDRESS 30 BANYON RD. STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP OCALA FL 34472 ☐ Change ☐ Addition T!TI F ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NAME OF SIGNING OFFICER OR DIRECTOR