

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90373 001 \*\*\*\*\*8.75  
 04-22-2002 90373 002 \*\*\*150.00

**DOCUMENT # P98000097082**

1. Entity Name  
**WORLD ACCESS MEDIA, INC.**

Principal Place of Business

Mailing Address

~~369 OFFICE PLAZA~~  
~~TALLAHASSEE FL 32301~~

~~369 OFFICE PLAZA~~  
~~TALLAHASSEE FL 32301~~

2. Principal Place of Business

3. Mailing Address

**3495 W. Vine St.**

**3495 W. Vine St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Kissimmee, FL**

**Kissimmee, FL**

Zip

Country

Zip

Country

**34741 Osceola**

**34741 Osceola**

4. FEI Number

**59-3543191**

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

~~BENTON, RICHARD E~~  
~~1415 E. PIEDMONT DR., STE. 4~~  
~~TALLAHASSEE FL 32312~~

Name

**F & L Corp.**

Street Address (P.O. Box Number is Not Acceptable)

**200 Laura Street**

City

**Jacksonville**

FL

Zip Code

**32202**

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

**Thomas J. Maida**

**1/28/02**

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHAW, STEVEN</b>	
STREET ADDRESS	<b>2001 OLD ST. AUGUSTINE RD., STE D-308</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>VTS</b>	<input type="checkbox"/> Delete
NAME	<b>BERTHAM, JEFF</b>	
STREET ADDRESS	<b>2626 E PARK AVE STE 4208</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shaw, Steven</b>	
STREET ADDRESS	<b>3495 W. Vine St</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34741</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bertram, Jeff</b>	
STREET ADDRESS	<b>3495 W. Vine St.</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34741</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Jeff M. Bertram**

**Jeff Bertram**

**1/28/02**

**1-800-316-7363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)