1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000102109

1. Corporation Name

DCD INTERNET MEDIA, INC.

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90151 043 \*\*\*150.00



	·			
Principal Place	of Business	Mailing Address		
6101 AZALEA RD. 6101 AZALEA RD. PENSACOLA FL 32504 PENSACOLA FL 32504				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
1				12/04/1998
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 DCD 11	AIG3M TON937L	26 DCD INTEL	ALASM Y34	59 - 354 5866 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22 400	PICHERUS AVE STEBITS	27 400 PICKENS A	14 325 3N	75 St. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 PG~Sf	ACOLA, FC	28 PENSACCLA		Trust Fund Contribution Added to Fees
Zip	Country	Zip 29 3 2 5 0 3	Country	8. This corporation owes the current year Intangible Personal Property Tax  ☐ Yes  ☑ Yes
24 3250	1-2/		<u> </u>	Personal Property Tax. Li Yes ANO  10. Name and Address of New Registered Agent
o. Harry state of the state of				
SHEA	R DAVID R			DAVID KATANAS.
SHEAR, DAVID B 6101 AZALEA RD.			82 Street A	ddress (P.O. Box Number is Not Acceptable)
PENSACOLA FL 32504			83	2705 E. DESOTO STR'
FENO	ACCEA I E 32304		63	
			84 City	85 Zip Code
	•		<u></u>	FL 85 Zip Code 332703
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered				
agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent a	75' MICE HES	MENT L	1 4 26 99
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agent signature fet	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	PRESIDENT Change BAddition
TITLE		□ bcccic		CHRISTOPHER PENNENILL
NAME			1.3 STREET ADDRESS	7171 N 9th AVE, UNIT C-5
STREET ADDRESS				PENSACOLA, FL 32504.
CITY-ST-ZIP		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	VICE PRESIDENT Change Addition
TITLE			2.2 NAME	~ ~
NAME			1	LION DICKENS AVE STEFFITS
STREET ADDRESS			2.3 STREET ADDRESS	PENSACOLA, FC 32503
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	I Change Rel Addition I
TITLE			3.2 NAME	TRASURER
NAME			3.3 STREET ADDRESS	DAVID SHEAR
STREET ADDRESS			4	DENSATOLA FL 32504
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
TITLE	مر ا		4.2 NAME	_ , )
NAME			4.3 STREET ADDRESS	
STREET ADDRESS	1			
CITY-ST-ZIP	1	DELETE	5.1 TITLE	☐ Change ☐ Addition
TITLE	<i>;</i>		5.2 NAME	
NAME	/		5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP	,	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE			6.2 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS	·		U.S OTTICE I ADDITES	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_