

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90386 043 ***150.00

DOCUMENT # P98000103617

1. Entity Name
SOUTHERN MEDIA, INC.

Principal Place of Business
**3255 POTTER ST.
 PENSACOLA FL 32514**

Mailing Address
**3255 POTTER ST.
 PENSACOLA FL 32514**

2. Principal Place of Business
9160 Roe Street
 Suite, Apt. #, etc.

3. Mailing Address **Same**
~~P.O. Box 13507~~
 Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number **59-3549671**

Applied For
 Not Applicable

Zip **32514** Country **USA**

Zip **32514** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

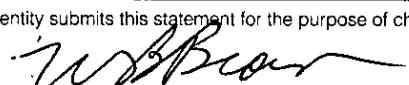
6. Name and Address of Current Registered Agent

**BROWN, WILLARD
 3255 POTTER ST
 PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
9160 Roe Street
 City **Pensacola** **FL** Zip Code **32514**

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, 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

TITLE **BC** ☐ Delete
 NAME **BROWN, WILLARD**
 STREET ADDRESS **3255 POTTER ST**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9160 Roe Street**
 CITY-ST-ZIP **Pensacola, FL 32514**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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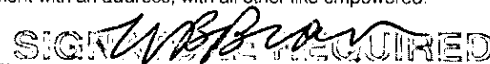
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-02

CR2E034 (9/01)