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FILED

May 02, 2000 8:00 am
Secretary of State

02-04-2000 90078 030 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001352

Entity Name

THINK NEW MEDIA, INC

Principal Place of Business

Mailing Address

TANBARK DRIVE, #101
NAPLES FL 34108P.O. BOX 413005, SUITE #101
NAPLES FL 34101-3005~~813021~~

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
A-2Suite, Apt. #, etc.
PO BOX 413005City & State
Naples FLCity & State
Naples, FL4. FEI Number
59-3549581Applied For
Not ApplicableZip
34108Country
USZip
34101-3005Country
US5. 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

LITTLE, LARRY S
829 TANBARK DRIVE, #101
NAPLES FL 34108

Name

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

City

FL

Zip Code

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST-ZIP	President LARRY S. LITTLE 829 TANBARK DR. #103 NAPLES, FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
ST-ZIP	Secretary LARRY S. LITTLE 829 TANBARK DR. #103 NAPLES, FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
ST-ZIP	TREASURER LARRY S. LITTLE 829 TANBARK DR. #103 NAPLES, FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
ST-ZIP	ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
ST-ZIP	ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
ST-ZIP	ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 #

1/10/00

941-591-8912

CR2E034 (9/99)