## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **P99000005809** May 09, 2000 8:00 am Secretary of State BUCHANAN MEDIA GROUP, INC. 05-09-2000 90005 028 \*\*\*158.75 Mailing Address Principal Place of Business 707 S. WASHINGTON BOULEVARD 707 S. WASHINGTON BOULEVARD SARASOTA FL 34236-7835 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Mirrich 6. Name and Address of Current Registered Agent MESSICK, ROBERT E treet Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SUITE 600 SARASOTA FL 34237 e purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statemen SIGNATURE when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete Change TITLE BUCHANAN, VERNON G NAME NAME 707 S. WASHINGTON BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Change Delete Addition TITLE TOSCH, JOHN NAME STREET ADDRESS 707 S. WASHINGTON BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete ☐ Addition TITLE TITLE Rosa, Salvatore 707 S. Washington Blvd. ROSA, SAL NAME NAME STREET ADDRESS STREET ADDRESS 707 S. WASHINGTON BOULEVARD Sarasota, FL 34236 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Detete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 POSSURE OF

outestoo

366-5230 Daytime Phone #