

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91504 037 ***158.75

DOCUMENT # P99000014374

1. Entity Name
PRO MEDIA INTERNATIONAL, INC.

Principal Place of Business
11631 MOSSY WAY
JACKSONVILLE FL 32223

Mailing Address
11631 MOSSY WAY
JACKSONVILLE FL 32223

2. Principal Place of Business

3. Mailing Address

10116 TARRAGON DR.

10116 TARRAGON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Riverview FL.

Riverview FL.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3554111**

Applied For
 Not Applicable

Zip **33569**

Country **Hillsborough**

Zip **33569**

Country **Hillsborough**

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

CLARY, H. JOE
11631 MOSSY WAY
JACKSONVILLE FL 32223

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **CLARY, JOE**
 STREET ADDRESS **11631 MOSSY WAY**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Apr 02 **813-672-4127**
 Date Daytime Phone #

CR2E034 (9/01)