2000 UNIFORM BUSINESS REPORT (UBR)

Robert Reynolds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 23, 2000 8:00 am Secretary of State DOCUMENT # P99000031602 ELITE MEDIA INC. 03-23-2000 90026 032 ***150.00 Mailing Address Principal Place of Business 3209 CLINT MOORE RD #203 3209 CLINT MOORE RD #203 BOCA RATON FL 33496 BOCA RATON FL 33496-3353 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-0910148 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert Reynolds Street Address (P.O. Box Number is Not Acceptable) 3209 Clint Moore Road REYNOLDS, DEBORA 3209 CLINT MOORE RD #203 #203 **BOCA RATON FL 33496** Zip Code 33496 <u>Boca Raton</u> 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE REYNOLDS, ROBERT NAME 3209 CLINT MOORE RD #203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33496** Change Addition XX Delete TITLE TITLE Vice President / p REYNOLDS, DEBORA NAME NAME Robert Reynolds 3209 Clint Moore Road STREET ADDRESS 3209 CLINT MOORE RD #203 STREET ADDRESS #203 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** 22496 Boca Raton, FL --- Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

President

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561-995-7760