2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT# P99000054097

1. Entity Name

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

MEDIA MERCHANTS, INC.



Principal Place of Business

Mailing Address

8726 54TH AVENUE WEST BRADENTON FL 34210		8726 54TH AVENUE WEST BRADENTON FL 34210				
2. Principa	al Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number CE 0001740		
Zip	Country .	Zip Country		4. FEI Number 65-0931718 Applied Fo		
			Country	5. Certificate of Status Desired \$8.75	Additional	
	6. Name and Address of Curren	legistered Agent		7. Name and Address of New Registered Agent		
BLAKE.	JUDITH A		Name	- Agent		
8726 54TH AVENUE WEST BRADENTON FL 34210			Street Addr	treet Address (P.O. Box Number is Not Acceptable)		
DIVDEN	1014 FL 34210					
			City	City FL Zip Code red office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
្ Afte	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ek Payable to Florida Department of		TE: Registered Agent signature red	Election Campaign Financing \$5.	00 May Be	
10.	OFFICERS AND	.1			ed to Fees	
TITLE	D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	BLAKE, JUDITH A 8726 54TH AVENUE WEST BRADENTON FL 34210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition	
ITLE Ame Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	

12. 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 changed, or on an attachment with an address, with all other like empowered.

On 1

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Defete

☐ Delete

SIGNATURE: , SIGNATURE AND TYPED OF PRINTED NAME OF SIGN

☐ Change

Change

☐ Addition

☐ Addition

FILED

Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90306 043 ***150.00