## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2002 8:00 am & Secretary of State **DOCUMENT #** P99000058737 1. Entity Name VISION MEDIA GROUP OF AMERICA, INCORPORATED 05-14-2002 90062 022 \*\*\*150.00 Principal Place of Business Mailing Address 1116-D THOMASVILLE RD. 1116-D THOMASVILLE RD. TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 820 E. Par DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3610656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LICKSON, WILLIAM H 2337 BRAEBURN CIRCLE TALLAHASSEE FL 32308 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** 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Steven Hull CR2E034 (9/01) NAME LICKSON, WILLIAM H NAME 820 E. Park, Bldg. F, Suite 100 STREET ADDRESS 2337 BRAEBURN CIRCLE STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32308 CITY-ST-ZIP Tallahassee, FL. 32301 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change - Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME

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 office 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTO

Stephen D. Hull 4-26-0.

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