FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2001 8:00 am DOCUMENT # P99000074764 **Secretary of State** 1. Entity Name 07-25-2001 90013 043 ***550.00 DESTIN MEDIA, INC. Principal Place of Business Mailing Address 105 HYDAC ROAD PO BOX 1751 FT WALTON BEACH FL 32547 DESTIN FL 32540 2. Principal Place of Business 3. Mailing Address 112 JAMESTOWN AVENUE 112 JAMESTOWNNAVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3633830 FT: WALTONDBEACH ? CFL Not Applicable FT WALTON BEACH Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32547-3213 32547-3213 Fee Required - ,___6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, HAYDEN Street Address (P.O. Box Number is Not Acceptable) 112 JAMESTOWN AVENUE 105 HYDAC ROAD 🚁 FT WALTON BEACH FL 32547 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 X Change ☐ Addition TITLE TITLE Delete GREEN, HAYDEN NAME NAME 105 HYDAC RD STREET ADDRESS STREET ADDRESS 112 JAMESTOWN AVENUE CITY-ST-ZIP FORT WALTON BEACH FL 32547 CITY-ST-ZIP FT WALTON BEACH FL 32547-3213 TITLE ☐ Change ☐ Addition TITLE Delete DOWLING, BARBARA NAME NAME PO BOX 271364 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33688-1364 ☐ Addition --- Delete -TITLE____ 🔲 Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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

all other like empowered.

changed, or on an attachment with an addre

SIGNATURE