

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000078570**1. Entity Name
DIGITAL BAY MEDIA, INC.

Principal Place of Business	Mailing Address
2451 MCMULLEN BOOTH RD., STE 302	2451 MCMULLEN BOOTH RD., STE 302
CLEARWATER FL 33759	CLEARWATER FL 33759

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3615610

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFAMIANO DOROTHY A
2451 MCMULLEN BOOTH RD., STE 302

CLEARWATER FL 33759

7. Name and Address of New Registered Agent

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 _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN KRISTINE	
STREET ADDRESS	2451 MCMULLEN BOOTH RD., STE 302	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE	T	<input type="checkbox"/> Delete
NAME	FAMIANO RON	
STREET ADDRESS	2451 MCMULLEN BOOTH RD., STE 302	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE	V	<input type="checkbox"/> Delete
NAME	FAMIANO RONALD	
STREET ADDRESS	2451 MCMULLEN BOOTH RD., STE 302	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	FAMIANO DOROTHY A	
STREET ADDRESS	2451 MCMULLEN BOOTH RD., STE 302	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAMIANO DOROTHY A	
STREET ADDRESS	2451 MCMULLEN BOOTH RD., STE 302	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEOP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAMIANO RONALD	
STREET ADDRESS	2451 MCMULLEN BOOTH RD., STE 302	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE	CTOC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAMIANO DOROTHY A	
STREET ADDRESS	2451 MCMULLEN BOOTH RD., STE 302	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: DOROTHY A. FAMIANO

COO 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)