

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90174 022 \*\*\*150.00

0096254 FP

**DOCUMENT # P99000080340**

1. Entity Name  
**ADVENTURE COMMUNICATIONS, INC.**



Principal Place of Business  
**101-1 N.W. 75TH STREET  
GAINESVILLE FL 32607**

Mailing Address  
**101-1 N.W. 75TH STREET  
GAINESVILLE FL 32607**



2. Principal Place of Business  
**4907 NW 43rd Street**

3. Mailing Address  
**4907 NW 43rd Street**

Suite, Apt. #, etc.  
**Suite F**

Suite, Apt. #, etc.  
**Suite F**

City & State  
**Gainesville FL**

City & State  
**Gainesville FL**

4. FEI Number **59-3599218**

Applied For  
Not Applicable

Zip  
**32606**

Country  
**Alachua**

Zip  
**32606**

Country  
**Alachua**

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

6. Name and Address of Current Registered Agent

**MURNANE, MARIA B  
101-1 N.W. 75TH STREET  
GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

Name **Murnane, Maria P.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4907 NW 43rd St. Suite F.**  
City **Gainesville** FL Zip Code **32606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MURNANE, MARIA B**  
STREET ADDRESS **101-1 N.W. 75TH STREET**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/03**

Date Daytime Phone #

CR2E034 (10/02)