

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90432 006 ***150.00

DOCUMENT # P 990000 803 45 ✓

1. Entity Name

MORRIS MEDIA, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

10524 N.W. 6th Street
 Suite, Apt. #, etc.

3. Mailing Address

10524 N.W. 6th Street
 Suite, Apt. #, etc.

City & State

Pembroke Pines, Florida

City & State

Pembroke Pines, Florida

4. FEI Number

65-0952842

Applied For

Not Applicable

Zip

33026

Country

U.S.A.

Zip

33026

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Bogue Associates

7. Name and Address of New Registered Agent

Name

Bogue Associates

Street Address (P.O. Box Number is Not Acceptable)

Bogues International Incorporated

3694 23rd Avenue South, Suite 2

City
 Lake Worth

FL

Zip Code
 33461

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

Andree M. Bogues Asst. Treas.

24 April 2000

*Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard J. Morris 10524 N.W. Sixth Street Pembroke Pines Florida 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carolyn D. Morris 10524 N.W. Sixth Street Pembroke Pines, Florida 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDREE M. BOGUES P.O. Box 1138 Loxahatchee, Florida 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Andree M. Bogues Asst. Treasurer
 ANDREE M. BOGUES, ASSISTANT TREASURER

24 April 2000

561 588-8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)