

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91329 033 \*\*\*150.00

DOCUMENT # P99000080345

1. Entity Name

MORRIS MEDIA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10524 NW 6TH STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 5358

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-0952842

Applied For

Not Applicable

Zip

33026

Country

US

Zip

33466-5358

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BOGUE ASSOCIATES

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

1520 TENTH AVENUE NORTH

SUITE E

City

LAKE WORTH

FL

Zip Code

33460

**DO NOT WRITE  
IN THIS SPACE**

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

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
CDPS  
Morris, Richard J.  
10524 NW 6th Street  
Pembroke Pines, FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPT  
Morris, Carolyn D  
10524 NW 6th Street  
Pembroke Pines, FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AT  
Bogues, Andree M  
P.O. Box 5358  
Lake Worth, FL 33466

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard J Morris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2002  
Date

954-436-4778  
Daytime Phone #

CR2E034B (12/01)