2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000082048 Jun 27, 2000 8:00 am REGIONAL INTERNET MEDIA, INC. **Secretary of State** 05-17-2000 90923 015 ***150.00 Principal Place of Business Mailing Address 1318 DUMMIRE STREET 1318 DUNMIRE STREET UNIT #3 UNIT #3 PENSACOLA FL 32504-6625 PENSACOLA FL 32504-6625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORMAN, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 1318 DUNMIRE STREET UNIT #3 PENSACOLA FL 32504-6625 Zio 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2008 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE TITLE President Delete William H. Norman, TI NALZF MALJE STREET ADDRESS 1269 Tamara Pr. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Pensarola</u> ☐ Addition Vice-Fresident TITLE ☐ Change Delete TITLE Tommy Davies NAME 3105 Windermere STREET ADDRESS STREET ADDRESS FL_32503 CITY-ST-ZIP CITY-ST-ZIP Change Secretores Treasurer Addition TITLE TILE Scott MacDonald NAME STREET ADDRESS STREET ADDRESS 416 W. Gregory CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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

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