

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90034 030 ***150.00

815571



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000091016			
1. Entity Name FIRST FLORIDA MEDIA INC.			
Principal Place of Business 6316 WESTWARD PLACE UNIVERSITY PARK FL 34201		Mailing Address 6316 WESTWARD PLACE UNIVERSITY PARK FL 34201	
2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0961482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**CASTELL, CONSTANCE E
6316 WESTWARD PLACE
UNIVERSITY PARK FL 34201****7. Name and Address of New Registered Agent**Name **VINCENT A. CASTELL**

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

6316 WESTWARD PLACECity **UNIVERSITY PARK**

FL

Zip Code **34201-2139**

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 **Vincent A. Castell**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

February 23, 2001
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	VINCENT A. CASTELL
STREET ADDRESS		STREET ADDRESS	6316 WESTWARD PLACE
CITY-ST-ZIP		CITY-ST-ZIP	UNIVERSITY PARK, FL 34201-2139
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	SEC./TREAS. - DIRECTOR
STREET ADDRESS		STREET ADDRESS	CONSTANCE E. CASTELL
CITY-ST-ZIP		CITY-ST-ZIP	SAME
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Vincent A. Castell** **VINCENT A. CASTELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/23/01** **(941) 359-0321**
Date Daytime Phone #

CR2E034 (10/00)