

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90410 019 \*\*\*150.00

**DOCUMENT # P99000091690**

1. Entity Name  
**ORION MEDIA ASSOCIATES, INC.**

Principal Place of Business  
**13339 JOHN COX RD.  
 YOUNGSTOWN FL 32466**

Mailing Address  
**P.O. BOX 306  
 LYNN HAVEN FL 32444**

**00044333**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**P.O. Box 306**

Suite, Apt. #, etc.

City & State  
**Lynn Haven, FL**

City & State

4. FEI Number **59-3605989**

Applied For  
 Not Applicable

Zip  
**32444**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, CYNTHIA G  
 13339 JOHN COX RD.  
 YOUNGSTOWN FL 32466**

Name  
**Timothy Rogers**  
 Street Address (P.O. Box Number is Not Acceptable)  
**239 Lullwater Drive**

City **PANAMA CITY BEACH** FL Zip Code **32413**

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 *Timothy P. Rogers*  
 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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **P CLARK, CYNTHIA G**  
 STREET ADDRESS **13339 JOHN COX RD.**  
 CITY-ST-ZIP **YOUNGSTOWN FL 32466**

TITLE  Change  Addition  
 NAME **CYNTHIA CLARK**  
 STREET ADDRESS **P.O. Box 306**  
 CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **ALFRED CLARK VP**  
 STREET ADDRESS **P.O. Box 306**  
 CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **TIMOTHY ROGERS**  
 STREET ADDRESS **239 Lullwater DR**  
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **DIANE ROGERS**  
 STREET ADDRESS **239 Lullwater DR**  
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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:

*Timothy P. Rogers* - Timothy P. Rogers

4/24/01  
 Date

850-265-5100  
 Daytime Phone #

CR2E034 (10/00)