

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091690

1. Entity Name
ORION MEDIA ASSOCIATES, INC.

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

04-30-2001 90410 019 ***150.00

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	
Zip 32444	Country USA	Zip	Country
4. FEI Number 59-3605989		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		7. Name and Address of New Registered Agent	
Name CLARK, CYNTHIA G		Name Timothy Rogers	
Street Address 13339 JOHN COX RD. YOUNGSTOWN FL 32466		Street Address (P.O. Box Number is Not Acceptable) 239 Lullwater Drive	
City LYNN HAVEN		City PANAMA CITY BEACH	
State FL		State FL	
Zip 32444		Zip 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 (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, CYNTHIA G		NAME CYNTHIA CLARK	
STREET ADDRESS 13339 JOHN COX RD.		STREET ADDRESS P.O. Box 306	
CITY-ST-ZIP YOUNGSTOWN FL 32466		CITY-ST-ZIP LYNN HAVEN, FL 32444	
TITLE 	<input type="checkbox"/> Delete	TITLE ALFRED CLARK VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME P.O. Box 306	
STREET ADDRESS 		STREET ADDRESS LYNN HAVEN, FL 32444	
CITY-ST-ZIP 		CITY-ST-ZIP LYNN HAVEN, FL 32444	
TITLE T	<input type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Timothy Rogers		NAME Timothy Rogers	
STREET ADDRESS 239 Lullwater Dr		STREET ADDRESS 239 Lullwater Dr	
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DIANE ROGERS		NAME DIANE ROGERS	
STREET ADDRESS 239 Lullwater Dr		STREET ADDRESS 239 Lullwater Dr	
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	
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: Timothy P. Rogers - Timothy P. Rogers Date: 4/24/01 Daytime Phone #: 850-265-5100

CR2E034 (10/00)