

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000091690

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: ORION MEDIA ASSOCIATES, INC.

Current Principal Place of Business:

PO BOX 306
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

5 MIRACLE STRIP LOOP
STE 16
PANAMA CITY BEACH, FL 32407 US

Current Mailing Address:

P.O. BOX 306
LYNN HAVEN, FL 32444

New Mailing Address:

P.O. BOX 18859
PANAMA CITY BEACH, FL 32417

FEI Number: 59-3605989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, TIMOTHY
239 LULLWATER DRIVE
PANAMA CITY BEACH, FL 32413

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARK, CYNTHIA G
Address: PO BOX 306
City-St-Zip: LYNN HAVEN, FL 32444

Title: V () Delete
Name: CLARK, ALFRED
Address: PO BOX 306
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Delete
Name: ROGERS, TIMOTHY
Address: 239 LULLWATER DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: S () Delete
Name: ROGERS, DIANE
Address: 239 LULLWATER DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLARK, CYNTHIA G
Address: PO BOX 18859
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: V (X) Change () Addition
Name: CLARK, ALFRED
Address: PO BOX 18859
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY P. ROGERS

T

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date