

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90086 021 ***150.00

DOCUMENT # P99000096825

1. Entity Name

WATERWAY TIMES MEDIA GROUP, INC.

Principal Place of Business

Mailing Address

~~840 E OAKLAND PARK BLVD. SUITE 112~~
~~FT LAUDERDALE FL 33334~~

~~840 E OAKLAND PARK BLVD. SUITE 112~~
~~FT LAUDERDALE FL 33334~~

2. Principal Place of Business

3. Mailing Address

PO Box 100789

PO Box 100789

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale FL

Ft. Lauderdale FL

Zip

Country

Zip

Country

33310

USA

33310

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0962405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Beckwith CLINTON M

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

12685 Timber Pine Trail

City

Wellington

FL

Zip Code

33414

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

Clinton Beckwith

3-30-01

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. (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 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 **D** ☐ Delete
NAME **BECKWITH, CLINTON M**
STREET ADDRESS **PO Box 100789**
CITY-ST-ZIP **840 E OAKLAND PARK BLVD, SUITE 112**
FT LAUDERDALE FL 33334 33310

TITLE **D** ☒ Change ☐ Addition
NAME **Beckwith CLINTON M**
STREET ADDRESS **12685 Timber Pine Tr.**
CITY-ST-ZIP **Wellington FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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: *Clinton Beckwith as Pres.* **333-01 954-567 7424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

027718

CR2E034 (10/00)