

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90019 036 ***158.75

DOCUMENT # P99000101820

1. Entity Name
ZETTAMEDIA, INC.

Principal Place of Business
503 BRIDLE PATH WAY
TARPON SPRINGS FL 34688

Mailing Address
503 BRIDLE PATH WAY
TARPON SPRINGS FL 34688

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3609840**

Applied For
 Not Applicable

Zip
34688-7234

Country

Zip
34688-7234

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

MARING, STEVEN
503 BRIDLE PATH WAY
TARPON SPRINGS FL 34688 34688-7234

POSTAL ZIP CODE CHANGE ONLY

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code
34688-7234

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 Steven Maring, President DATE 04/27/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **D MARING, STEVEN**
 STREET ADDRESS **503 BRIDLE PATH WAY**
 CITY-ST-ZIP **TARPON SPRINGS FL 34688 34688-7234**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/02 727-403-6015

Date Daytime Phone #

CR2E034 (9/01)