


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0083075  
AV

<b>DOCUMENT #</b> P99000105373	
<b>1. Entity Name</b> TARGET MEDIA GROUP, INC.	

**FILED**  
03 SEP -9 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>Principal Place of Business</b> 148 CRYSTAL KEY WAY BOYNTON BEACH FL 33426	<b>Mailing Address</b> 148 CRYSTAL KEY WAY BOYNTON BEACH FL 33426
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<b>2. Principal Place of Business</b> 211 S FEDERAL Hwy Suite, Apt. #, etc. SUITE 65 City & State Boynton Beach FL Zip 33435 Country USA	<b>3. Mailing Address</b> 211 S. FEDERAL Hwy Suite, Apt. #, etc. SUITE 65 City & State Boynton Beach FL Zip 33435 Country USA
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☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b> BERNSTEIN, JORY G 148 CRYSTAL KEY WAY BOYNTON BEACH FL 33426	
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<b>4. FEI Number</b> 65-0966221	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of New Registered Agent:</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNSTEIN, DONALD J 148 CRYSTAL KEY WAY BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	211 S. FEDERAL Hwy #65 Boynton Beach, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600022884176 09/09/03--01060--017 **\$550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.**

**SIGNATURE:** SIGNATURE REQUIRED 561-464-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (4/03)