2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State
06-02-2001 90008 017 ***150.00

DOCUMENT # P99000111463

1. Entity Name
IMAGE MEDIA, INC.

Principal Place of Business	Mailing Address
5620 CHIPOLA CIR. ORLANDO FL 32839	5620 CHIPOLA CIR. ORLANDO FL 32839

000170704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5620 CHIPOLA CIR. Suite, Apt. #, etc.	5620 CHIPOLA CIR. Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLAND, FL
Zip: 32839 Country: USA	Zip: 32839 Country: USA

4. FEI Number: 59-3619425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HITTINGER, KARL H
5620 CHIPOLA CIR.
ORLANDO FL 32839

7. Name and Address of New Registered Agent

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.

SIGNATURE: KARL HITTINGER (signature, typed or printed name of registered agent and title if applicable) (NOTE: Required if agent signature required for reinstating) DATE: 4/15/01

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BILL DAVIS 1002 LAKE JESSAMINE DR. ORLANDO, FL 32839	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT KARL H HITTINGER 5620 CHIPOLA CIR. ORLANDO, FL 32839	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL HITTINGER (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 4/15/01 (407)8567363 (Daytime Phone #)