

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90113 048 ***158.75

DOCUMENT # **516633**
 1. Entity Name
metromedia AFFiliates
DBA: Paris Flea

Principal Place of Business Mailing Address
2122 S. DALEMABRY
TAMPA, FL 33629

00033103

2. Principal Place of Business **SAME**
 Suite, Apt. #, etc.

3. Mailing Address **SAME**
 Suite, Apt. #, etc.

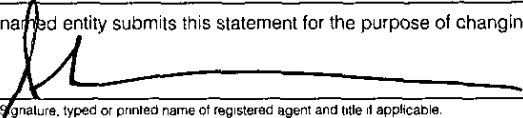
DO NOT WRITE IN THIS SPACE

City & State Zip Country
 City & State Zip Country

4. FEI Number **59-3076812** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Sharolyn A. MOSELEY
819 Bayshore Blvd.
Tampa, FL 33606

7. Name and Address of New Registered Agent
 Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
new: 811 Idlewood Dr.
 City **Tampa** FL Zip Code **33609**

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  DATE **4/12/00**
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, 2000 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	President	<input type="checkbox"/> Delete
NAME	Sharolyn A. MOSELEY	
STREET ADDRESS	819 Bayshore Blvd	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	Treasurer / Secy	<input type="checkbox"/> Delete
NAME	Melanie Rose	
STREET ADDRESS	4715 W. Cherokee	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharolyn A. moseley	
STREET ADDRESS	811 Idlewood Dr	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4715 W. Cherokee	
STREET ADDRESS	Tampa FL 33629	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **4/12/00** Daytime Phone # **813-250-0667**
Signature and typed or printed name of signing officer or director

CR2E034 (9/99)