

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90040 033 \*\*\*150.00

**DOCUMENT #** 316633  
**1. Entity Name**  
 metromedia Affiliates

**Principal Place of Business** 2125 S. Dale Mabry  
 Tampa, FL 33629  
**Mailing Address** Same

**2. Principal Place of Business** Same  
**3. Mailing Address** Same  
 Suite, Apt. #, etc. \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_

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

770068

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Sharolyn A. Moseley  
 6409 Bayshore Blvd.  
 Tampa, FL 33611

**7. Name and Address of New Registered Agent**  
 Name Same  
 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** \_\_\_\_\_ **DATE** 4/27/01  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
**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 Sharolyn A. Moseley 6409 Bayshore Blvd Tampa, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	secretary melanie rose 4715 W. Cherokee Tampa, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

**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** 4/27/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)