FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90749 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S26767

1. Entity Name
GROUP K MEDIA, INC.

90123489

Principal Place of Business
283 CRANES ROOST BLVD
SUITE 111
ALTAMONTE SPRINGS, FL 32701

Mailing Address
283 CRANES ROOST BLVD
SUITE 111
ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business	3. Mailing Address
1725 Dogwood Forest Way	1725 Dogwood Forest Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary FL	City & State: Lake Mary FL
Zip: 32746 Country: USA	Zip: 32746 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3069644 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIBLER, FRED C
283 CRANES ROOST BLVD
SUITE 111
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)
1725 Dogwood Forest Way

City Lake Mary FL Zip Code 32746

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 Fred C. Kibler President 4/21/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KIBLER, FRED C.	NAME	
STREET ADDRESS	914 LARSON DR.	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: [signature] 4/21/03 401/687-9186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #