

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90314 046 ***150.00

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DOCUMENT # S51503

1. Entity Name
COMPUCAST MEDIA, INC.



Principal Place of Business
**1777 NW 81ST AVE
CORAL SPRINGS FL 33071**

Mailing Address
**1777 NW 81ST AVE
CORAL SPRINGS FL 33071**



2. Principal Place of Business

3. Mailing Address

1975 Rockledge Dr.

1975 Rockledge Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Rockledge, FL

City & State
Rockledge, FL

4. FEI Number **65-0264945**

Applied For
☐ Not Applicable

Zip Country
32955 USA

Zip Country
32955 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETRONACI, MARK
1777 NW 81 ST AVE
CORAL SPRINGS FL 33071**

Name

Street Address (P.O. Box Number is Not Acceptable)
1975 Rockledge Drive

Rockledge

FL

Zip Code
32955

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/03
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PETRONACI, MARK
1777 NW 81 ST AVE
CORAL SPRINGS FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1975 Rockledge Drive
Rockledge, FL 32955**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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 all other like empowered.

SIGNATURE:

MARK PETRONACI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 321-638-8948
Date Daytime Phone #

CR2E034 (10/02)