2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$88508

1. Entity Name

AFFILIATED MEDIA GROUP, INC.

Principal Place of Business Mailing Address 2251 ST. JOHNS BLUFF RD. 2251 ST JOHNS BLUFF RD. JACKSONVILLE FL 32216 JACKSONVILLE FL 32246-2309

FILED May 01, 2000 8:00 am Secretary of State

05-01-2000 90066 027 ***150.00



2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		4. FEi Number	59-3089267			plied For at Applicable]
Zip	Country Zip Cou		Country					3.75 Add	.75 Additional Required	
	6. Name and Address of Curren		7. Name and Address of New Registered Agent							
			Name	е				•		
DAVIS, W RAY 13819 TORTUGA POINT DRIVE JACKSONVILLE FL 32225			Stree	et Address (P	(P.O. Box Number is Not Acceptable)			w . to		
			City		** *		FL	Zip Cod	e	
SIGNATURE	named entity Submits this statement		s registered office			n the State of Florid	a.			
Tax filing re	oration is eligible to satisfy its Intangib equirement and elects to do so. ia on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		Trust F	on Campaign Financiund Contribution.	cing		0 May Be I to Fees	
11.	OFFICERS ANI	D DIRECTORS	12.		ADDITIONS/CH	ANGES TO OFFICE	RS AND D	RECTOR	S IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Davis, w ray 13819 Tortuga Point Drive Jacksonville Fl	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss] Change	☐ Addition	CR2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ELIZABETH M 13819 TORTUGA POINT DRIVE JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss] Change	☐ Addition	5
THTLE NAME STREET ADDRESS (CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP	SS			. [Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	·		~ [Change	- Addition -]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS] Change	☐ 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: El izabeth Davis SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR