

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S88508**

1. Entity Name

**AFFILIATED MEDIA GROUP, INC.**

Principal Place of Business

**2251 ST JOHNS BLUFF RD.  
JACKSONVILLE FL 32216  
US**

Mailing Address

**2251 ST. JOHNS BLUFF RD.  
JACKSONVILLE FL 32276  
US**

2. Principal Place of Business

**8133 Baymeadows Way**

Suite, Apt. #, etc.

3. Mailing Address

**8133 Baymeadows Way**

Suite, Apt. #, etc.

City &amp; State

**Jacksonville, FL**

City &amp; State

**Jacksonville, FL**

4. FEI Number

**59-3089267**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee RequiredZip  
**32256**Country  
**USA**Zip  
**32256**Country  
**USA**

6. Name and Address of Current Registered Agent

**DAVIS, W RAY  
13819 TORTUGA POINT DRIVE  
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, W RAY</b>	
STREET ADDRESS	<b>13819 TORTUGA POINT DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, ELIZABETH M</b>	
STREET ADDRESS	<b>13819 TORTUGA POINT DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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:

**Elizabeth Davis, CFO****1/3/01****904-642-8902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90021 033 \*\*\*150.00

00000010



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0459249