

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91690 005 \*\*\*550.00

**DOCUMENT # S88508**

1. Entity Name  
**AFFILIATED MEDIA GROUP, INC.**

Principal Place of Business  
**8133 BAYMEADOWS WAY**  
**JACKSONVILLE FL 32256**  
**US**

Mailing Address  
**8133 BAYMEADOWS WAY**  
**JACKSONVILLE FL 32256**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3089267</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>DAVIS, W RAY</b> <b>13819 TORTUGA POINT DRIVE</b> <b>JACKSONVILLE FL 32225</b>				Name <b>Blackburn, Dennis L.</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>5150 Belfort Rd. S.</b>			
				Building <b>500</b>			
				City <b>Jacksonville, FL</b> Zip Code <b>32256</b>			

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 **5/3/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>Davis, W. Ray</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DAVIS, W RAY</b>			NAME	<b>1408 Moss Creek Dr.</b>		
STREET ADDRESS	<b>13819 TORTUGA POINT DRIVE</b>			STREET ADDRESS	<b>Jacksonville, FL 32225</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DAVIS, ELIZABETH M</b>			NAME	<b>Davis, Elizabeth M</b>		
STREET ADDRESS	<b>13819 TORTUGA POINT DRIVE</b>			STREET ADDRESS	<b>1408 Moss Creek Dr.</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			CITY-ST-ZIP	<b>Jacksonville, FL 32225</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)