

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90543 006 ***150.00

0467345

DOCUMENT # S95670

1. Entity Name

WORLD MEDIA INTERNATIONAL, INC.

Principal Place of Business

**102 ALABAMA ST
 STE B
 CRESTVIEW FL 32536**

Mailing Address

**102 ALABAMA ST
 STE B
 CRESTVIEW FL 32536**

B0030433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2026 Pritchard PT Rd

PO Box 279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAVARIE FL

City & State

Mary Esther, FL

Zip

32566

Country

Santa Rosa

Zip

32569

Country

Okaloosa

4. FEI Number

59-3093169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PERRI, DANIEL C
 ATTORNEY AT LAW
 5 CLIFFORD DRIVE
 SHALIMAR FL 32579**

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 **D** ☐ Delete
 NAME **SNOWDEN, ROY**
 STREET ADDRESS **P. O. BOX 278**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
 NAME **SNOWDEN, ROY**
 STREET ADDRESS **PO Box 279**
 CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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)(l), 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)