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DOCU	MENT # <b>V473</b>	50				117
1. Entity Name SPACE COAST ADVERTISING CONSORTIUM, INC.				FILED	Ą	
					01 OCT 26 AM 11: 02	
,	ce of Business PARK AVENUE	Mailing Address				
SUITE-S	5 (not S)	TITUSVILLE FL 32796			SECRETARY OF STATE. TALLAHASSEE: FEORIDA	
TITUSVILLE F	FL 32780	US			F INTER DIFFIL BLOW FRANK HILLS SIND FRANK STORE DIGHT BLOW BLOW BLOW STOLE STOLE	
	Place of Business	3. Mailing Address	<del></del>			
		3380 S, P	arl A	رح_	No.	۱ſ
Suite, Apt.	it, etc.	Suite, Apt. #, etc.	Suite.	5	CINICTATE MENT	4
City & Star	- · · · · · · · · · · · · · · · · · · ·	City & State			59-3131816	]
Zip	Country	Titusvile,	F L Country		\$9.75 Additional	┦
	<u> </u>	32780	<u>us</u>		Fee Required	
	6. Name and Address of Curren	t Registered Agent	. Name	SAn	7. Name and Address of New Registered Agent	-
ELLIS, WI	ENDY					-
1231 GAF			33	80	O. Box Number is Not Acceptable) 5, Park Ave, Suite 5	-
TITUSVILL	E FL-32796					
			City	tus	FL Zip Code 780	]
8. The above	named entity submits this statement f	or the purpose of changing its re	egistered office o	r registered	d 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 reinstaing)						
9. This corpo	oration is eligible to satisfy its Intangible	e FILE NOW!!!	FEE IS \$550.	.00	10. Election Campaign Financing \$5.00 May Be	1
	requirement and elects to do so.	After September 12, Make Check Payable			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	}
TITLE NAME	DP ELLIS, WENDY	☐ Delete	TITLE NAME	122	ME B4change □ Addition	99
STREET ADDRESS	1231 GARDEN ST		STREET ADDRESS		so S. Park Ave, Suite 5	34
CITY-ST-ZIP	TITUGVILLE PL 32796		CITY-ST-ZIP	I .	saile F2 32780	CR2E034 (5/01)
TITLE NAMÉ	DST   PATCH, PATRICIA A.	☐ Delete	TITLE NAME		ME Addition	0
STREET ADDRESS CITY-ST-ZIP	1231-GARDEN-ST		STREET ADDRESS	338	5 S. Paule Ave, Swite 5	ļ
TITLE	TITUSVILLE-FL 32796	☐ Delete	CITY-ST-ZIP	1.4	Change Addition	1
-NAME			-NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			Į
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP	_,		CITY-ST-ZIP		•	
TITLE NAME		☐ Delete	TITLE NAME		9000046791599	Ĺ
STREET ADDRESS	•		STREET ADDRESS		-11/14/0101080012 ****750.00 ****750.00	
CITY-ST-ZIP			CITY-ST-ZIP	ļ		1
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
13. I hereby d	certify that the information supplied wit	h this filing does not qualify for th	■ ne exemption stat	ed in Section	on 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 12 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Data Data Data Description of Data Data Data Data Data Data Data Dat						
	STATES OF THE STATES OF	Or	SHIEL FOR		Date Daytime Phone #	

2001 UNIFORM BUSINESS REPORT (UBR)