

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G24000117045

**Fictitious Name to be Registered:** BLACK FAITH NETWORK

**Mailing Address of Business:** 1924 A E ISAACS AVE.  
WEST PALM BEACH, FL 33407

**Florida County of Principal Place of Business:** PALM BEACH

**FEI Number:** 99-0806926

**FILED**  
**Sep 18, 2024**  
**Secretary of State**

**Owner(s) of Fictitious Name:**

UDIRECT MEDIA LLC  
1924 A E ISAACS AVE  
WEST PALM BEACH, FL 33407 US  
Florida Document Number: L24000038668  
FEI Number: 99-0806926

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

MAURICE GUNN

09/18/2024

\_\_\_\_\_  
Electronic Signature(s)

\_\_\_\_\_  
Date

**Certificate of Status Requested ( )**

**Certified Copy Requested ( )**