

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90342 019 ***150.00

0576565

DOCUMENT # F99000003420

1. Entity Name
MEDIAFINANCE CORP.

Principal Place of Business 270 PRESIDENTIAL DRIVE WILMINGTON DE 19807	Mailing Address 270 PRESIDENTIAL DRIVE WILMINGTON DE 19807
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 51-0388091	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FREEMAN, BUTTERMAN, HABER & ROJAS, LLP
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
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. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	SCHAUERTE, FELIX TM	
STREET ADDRESS	FURSTENBERGER STR. 158, 6032	
CITY-ST-ZIP	FRANKFURT, GERMANY	
TITLE	VVS	<input type="checkbox"/> Delete
NAME	BALLING, CHARLOTTE E	
STREET ADDRESS	BOBAKKEN, 13, 3140	
CITY-ST-ZIP	AALSGAARDE, DENMARK	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	DUROCHER, L. ANGUS	
STREET ADDRESS	530 HAMPSHIRE STREET, SUITE 401A	
CITY-ST-ZIP	SAN FRANCISCO CA 94110	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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)(f), 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: B. Christopher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 302-656-6500
Date Daytime Phone #

CR2E034 (10/00)