

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91595 012 ***150.00

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DOCUMENT # P00000045933
1. Entity Name
 Media Evolutions, Inc.

Principal Place of Business
 118 W. Orange ST
 Altamonte Springs, FL
 32714

Mailing Address
 118 W. Orange ST
 Altamonte Springs, FL
 32714

2. Principal Place of Business
 619 Briercliff Dr
 Suite, Apt. #, etc.

3. Mailing Address
 10151 University Blvd
 Suite, Apt. #, etc.
 #212

City & State
 Orlando, FL

City & State
 Orlando, FL

4. FEI Number
 59-3641471

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Spiegel, Uteca PA
 343 Almeria Ave
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name Richard Brock

Street Address (P.O. Box Number is Not Acceptable)
 1401 Riverplace Blvd.
 Ste 2400

City Jacksonville **FL** **Zip Code** 32207

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]* *[Signature]* *[Signature]* 4-27-01

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! PER IS-1150-00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	McDaniel, Ian	118 W. Orange ST	Altamonte Springs, FL 32714	<input type="checkbox"/>
SVD	Arg, Mark E.	118 W. Orange ST	Altamonte Springs, FL 32714	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		619 Briercliff Dr.	Orlando, FL 32806	<input type="checkbox"/>	<input type="checkbox"/>
SVD	Argenti, Mark E.	619 Briercliff Dr.	Orlando, FL 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* 4-27-01 **Date:** 4-27-01 **407-509-5068**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date. (Typed Name)

CR2E034 (11/00)