

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000048728**

1. Entity Name  
**MEDIALYNX GROUP, INC.**

Principal Place of Business 4126 CENTRAL SARASOTA PKWY SUITE 2021  SARASOTA FL 34238	Mailing Address 4126 CENTRAL SARASOTA PKWY SUITE 2021  SARASOTA FL 34238
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2. Principal Place of Business 1715 STICKNEY POINT ROAD  Suite, Apt. #, etc. C2  City & State SARASOTA FL	3. Mailing Address 1715 STICKNEY POINT ROAD  Suite, Apt. #, etc. C2  City & State SARASOTA FL		
Zip 34231	Country	Zip 34231	Country

4. FEI Number <b>65-1007460</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

STINE WARREN  
 4126 CENTRAL SARASOTA PKWY SUITE 2021  
  
 SARASOTA FL 34238

**7. Name and Address of New Registered Agent**

Name  
 STINE WARREN

Street Address (P.O. Box Number is Not Acceptable)  
 1715 STICKNEY POINT ROAD

C2

City SARASOTA **FL** Zip Code 34231

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 **02/26/2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	D HOFF DENISE <input type="checkbox"/> Delete 4126 CENTRAL SARASOTA PKWY SUITE 2021 SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINE WARREN <input type="checkbox"/> Delete 4126 CENTRAL SARASOTA PKWY SUITE 2021 SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS HOFF DENISE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1715 STICKNEY POINT ROAD SARASOTA FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR STINE WARREN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1715 STICKNEY POINT ROAD SARASOTA FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Warren R Stine Mr. 02/26/2001 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/00)