

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000077667**

1. Entity Name  
**MEDIA SUPPORT, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG -4 AM 8:00

Principal Place of Business  
P.O. BOX 526144  
MIAMI FL 33152-6144

Mailing Address  
P.O. BOX 526144  
MIAMI FL 33152-6144



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #: etc.

Suite, Apt. #: etc.

City & State

City & State

4. FEI Number **65-1133980**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES *MRS*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZOMERFELD, RAYMOND J**  
**999 PONCE DE LEON BLVD., SUITE #1045**  
**CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS: \$150.00**  
**After May 1, 2003: Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DEL CAMPO, HENRY P.O. BOX 526144 MIAMI FL 33152-6144</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600022079616</b> <b>08/05/03--01073--021 **150.00</b>	<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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

4/7/03

(305) 211-0049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Attachment#



**OCARIZ, GITLIN  
& ZOMERFELD, LLP**  
CERTIFIED PUBLIC ACCOUNTANTS

July 29, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Media Support, Inc.  
EIN# 65-1133980  
Document# P01000077667


The above named taxpayer has not seen their payment in the amount of \$150.00 to your department for the 2003 Uniform Business Report clear their bank and are concerned that the check and form might have been lost by your department. The taxpayer mailed in the form along with the check on April 7, 2003 and more than three months have passed.

Enclosed please find a copy of the signed 2003 Uniform Business Report mailed in by the taxpayer along with a newly reissued check for \$150.00.

If you have any questions please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

  
Raymond J. Zomerfeld, C.P.A.  
For the firm

999 Ponce de Leon Blvd.  
Suite 1045  
Coral Gables, FL 33134  
Tel 305.444.8288  
Fax 305.444.8280

5415 Mariner Street  
Suite 215  
Tampa, FL 33609  
Tel 813.636.0609  
Fax 813.636.9223

[www.ogz-cpa.com](http://www.ogz-cpa.com)

Members of:

American Institute of  
Certified Public Accountants  
Florida Institute of  
Certified Public Accountants  
National Association of  
Certified Valuation Analysts

RJZ/an

Encl.

**PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY  
RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED  
ENVELOPE.**