

DOCUMENT # 459462

1. Entity Name
MEDIA CONCEPTS, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90010 032 ***150.00

Principal Place of Business
559 49TH STREET SOUTH
ST PETERSBURG FL 33707

Mailing Address
559 49TH STREET SOUTH
ST PETERSBURG FL 33707



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|-----------------------------------------------------------|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-1559994 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|-------------------------------------------------------------------|--|--|--|----------------------------------------------------|----|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| SKIDMORE, CHARLES 3143A 37TH LANE S ST. PETERSBURG FL 33711 | | | | 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.

SIGNATURE _____
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 | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-------------------------|---------------------------------|--|-------------------------------------------------------|------------------------------|------------------------------------------------------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SKIDMORE, CHARLES W R | | | NAME | Skidmore, Charles W.R. | | |
| STREET ADDRESS | 3143A - 37TH LANE SOUTH | | | STREET ADDRESS | 7984 Sailboat Key Blvd. #301 | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | | CITY-ST-ZIP | St. Petersburg, FL 33707 | | |
| TITLE | VTD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GALLAGHER, JOHN P | | | NAME | | | |
| STREET ADDRESS | 1316 PASADENA AVE. #401 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33707 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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)(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: John P. Gallagher JOHN P. GALLAGHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice Pres/Treasurer
Date 1/3/01 Daytime Phone # (727) 321-2122

CR2E034 (10/00)