2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 474345

Entity Name: MEDIA DESIGN GROUP, INC.

HUESCA, ANTHONY

131 WIMBLEDON CIRCLE

LAKE MARY, FL 32746

Name:

Address:

City-St-Zip:

FILED Jan 07, 2003 Secretary of State

That we by Abedian alternation in the second and a second a second and					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1133 MORSE BOULEVARD WINTER PARK, FL 32789			SUITE 100	1133 MORSE BOULEVARD SUITE 100 WINTER PARK, FL 32789	
Current M	ailing Addres	s:	New Mailing Addre	New Mailing Address:	
1133 MORSE BOULEVARD WINTER PARK, FL 32789			SUITE 100	1133 MORSE BOULEVARD SUITE 100 WINTER PARK, FL 32789	
FEI Number:	59-1646436	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
WATSON, LAWRENCE M.JR. 1650 LAUREL ROAD WINTER PARK, FL 32789			SUITE 100	1133 WEST MORSE BOULEVARD	
The above in the State		submits this statement for the po	urpose of changing its register	red office or registered agent, or both,	
SIGNATURE: JOHN D SLACK				01/07/2003	
Electronic Signature of Registered Agent			nt	Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STD () HUESCA, KARE 131 WIMBLED LAKE MARY, F	ON CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () SLACK, JOHN I 531 GRANADA LONGWOOD, F	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WATSON, LAW 1650 LAUREL F WINTER PARK	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	PD ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN D SLACK VD 01/07/2003