

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90044 031 ***150.00

DOCUMENT # 548763

1. Entity Name

MEDIA PRINTING CORPORATION

Principal Place of Business

Mailing Address

4300 N POWERLINE ROAD
POMPAHO BEACH FL 33073

4300 N POWERLINE ROAD
POMPAHO BEACH FL 33073-3071
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0908192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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, 2000 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	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	GRUBMAN, CLAY H	
STREET ADDRESS	4300 N. POWERLINE ROAD	
CITY-ST-ZIP	POMPAHO BEACH FL 33073	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	CHECCHIA, JOHN M	
STREET ADDRESS	4300 N. POWERLINE ROAD	
CITY-ST-ZIP	POMPAHO BEACH FL 33065	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	GRUBMAN, JAMES H	
STREET ADDRESS	4300 N. POWERLINE RD	
CITY-ST-ZIP	POMPAHO BEACH FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES H. GRUBMAN	
STREET ADDRESS	4300 N. POWERLINE ROAD	
CITY-ST-ZIP	POMPAHO BEACH, FL 33073	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN M. CHECCHIA	
STREET ADDRESS	4300 N. POWERLINE ROAD	
CITY-ST-ZIP	POMPAHO BEACH FL 33073	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY H. GRUBMAN	
STREET ADDRESS	4300 N. POWERLINE ROAD	
CITY-ST-ZIP	POMPAHO BEACH FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 M. Checchia 5/1/00 954-984-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)