2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

842194 DOCUMENT

1. Entity Name MEDIA-PAC, INC.



Principal Place of Business

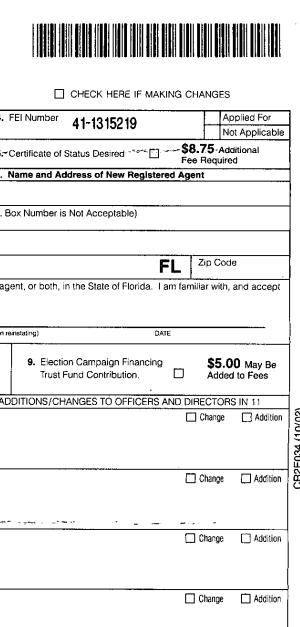
8660-150 COLLEGE PARKWAY FORT MYERS FL 33919

Mailing Address 8660-150 COLLEGE PARKWAY FORT MYERS FL 33919

, 5 2 , 2 3333	,
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90147 008 ***150.00



4. FEI Number 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIPPOLD, F LEWIS Street Address (P.O. Box Number is Not Acceptable) 8660-150 COLLEGE PKWY FT MYERS FL 33919 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ISAACSON, KENNETH L NAME NAME STREET ADDRESS 101 8TH AVE N BOX 406 STREET ADDRESS CITY-ST-ZIP ST JAMES MN CITY-ST-ZIP Delete PD TITLE TITLE NAME LIPPOLD, F LEWIS NAME STREET ADDRESS 1043 CARELLEN DR STREET ADDRESS CITY-ST-ZIP FORT MYERS FL ---CITY-ST-ZIP TITLE VTD ☐ Delete TITLE LIPPOLD, ANN E. NAME STREET ADDRESS 1043 CLARELLEN DRIVE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

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

1/28/03 213-481-3080