

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30144

1. Entity Name  
MRI OF WELLINGTON, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business  
10101 FOREST HILL BLVD.  
SUITE 1201 EAST  
WEST PALM BEACH FL 33414

Mailing Address  
250 SOUTH AUSTRALIAN AVE., 9TH FLOOR  
WEST PALM BEACH FL 33401-5018



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

DO NOT WRITE IN THIS SPACE

|                                  |            |                                                         |  |
|----------------------------------|------------|---------------------------------------------------------|--|
| 4. FEI Number                    | 65-0198561 | Applied For                                             |  |
|                                  |            | Not Applicable                                          |  |
| 5. Certificate of Status Desired |            | <input type="checkbox"/> \$8.75 Additional Fee Required |  |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|                                              |              |                                                         |         |                                                                               |
|----------------------------------------------|--------------|---------------------------------------------------------|---------|-------------------------------------------------------------------------------|
| 9. Capital Contributions as Shown on record. | \$375,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 375,000 | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|----------------------------------------------|--------------|---------------------------------------------------------|---------|-------------------------------------------------------------------------------|

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                                      | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|--------------------------------------|--------------------------|--|
| DOCUMENT #                      | S76664                               | STREET ADDRESS           |  |
| NAME                            | MEDIATEK-WELLINGTON, INC.            | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | 250 SOUTH AUSTRALIAN AVE., 9TH FLOOR |                          |  |
| CITY - ST - ZIP                 | WEST PALM BEACH FL 33401             |                          |  |
| DOCUMENT #                      |                                      | STREET ADDRESS           |  |
| NAME                            |                                      | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                      |                          |  |
| CITY - ST - ZIP                 |                                      |                          |  |
| DOCUMENT #                      |                                      | STREET ADDRESS           |  |
| NAME                            |                                      | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                      |                          |  |
| CITY - ST - ZIP                 |                                      |                          |  |
| DOCUMENT #                      |                                      | STREET ADDRESS           |  |
| NAME                            |                                      | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                      |                          |  |
| CITY - ST - ZIP                 |                                      |                          |  |
| DOCUMENT #                      |                                      | STREET ADDRESS           |  |
| NAME                            |                                      | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                      |                          |  |
| CITY - ST - ZIP                 |                                      |                          |  |
| DOCUMENT #                      |                                      | STREET ADDRESS           |  |
| NAME                            |                                      | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                      |                          |  |
| CITY - ST - ZIP                 |                                      |                          |  |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED ANDREW SHAW Date: 4/26/00 Daytime Phone #: 561/832-1766

CR2E003 (9/99)