

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90129 011 ****61.25

DOCUMENT # F02000001347

1. Entity Name

MEDIA RESEARCH CENTER, INC.



Principal Place of Business

**325 S. PATRICK STREET
ALEXANDRIA VA 22314**

Mailing Address

**325 S. PATRICK STREET
ALEXANDRIA VA 22314**

40028690



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1429009**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BOZELL, L. BRENT**
STREET ADDRESS **325 S. PATRICK STREET**
CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE **S** ☐ Change ☒ Addition
NAME **DARLENE NELSON**
STREET ADDRESS **325 S PATRICK STREET**
CITY-ST-ZIP **ALEXANDRIA, VA 22314**

TITLE **V** ☐ Delete
NAME **BAKER, BRENT**
STREET ADDRESS **325 S. PATRICK STREET**
CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE **D** ☐ Change ☒ Addition
NAME **William Rusher, Chairman**
STREET ADDRESS **850 Powell Street, Apt. 405**
CITY-ST-ZIP **San Francisco, CA 94108**

TITLE **S** ☒ Delete
NAME **THOMAS, DEBORAH**
STREET ADDRESS **325 S. PATRICK STREET**
CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE **D** ☐ Change ☒ Addition
NAME **Leon Kleil**
STREET ADDRESS **213 E. 48th Street**
CITY-ST-ZIP **New York, NY 10017**

TITLE **T** ☐ Delete
NAME **MILLS, DOUGLAS C**
STREET ADDRESS **325 S. PATRICK STREET**
CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SIMMONS, HAROLD C**
STREET ADDRESS **3 LINCOLN CENTER, 8430 LBJ FREEWAY #1730**
CITY-ST-ZIP **DALLAS TX 75240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WINDSOR, CURTIS**
STREET ADDRESS **1453 KIRBY ROAD**
CITY-ST-ZIP **MCLEAN VA 22101**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 617, 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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas C. Mills, Treasurer

4/1/03

703-1083-9733

CR2E037 (10/02)