FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 19 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006011 (0)

1. Corporation Name
MEDIA STREET, INC.

Principal Place of Business	Mailing Address
~~4710 S. DALE MABRY~~ ~~TAMPA FL 33629~~ 74	1710 S. DALE MABRY TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7421 - 114th Ave N.	26 ← SAME
Suite, Apt. #, etc. 22 206	Suite, Apt. #, etc. 27
City & State 23 LARGO, FL	City & State 28
Zip 24 34643 Country 25 USA	Zip 29 Country 30

4. FEI Number: APPLIED FOR 65-0534017 (Applie / Not Ap)
5. Certificate of Status Desired ☐ $8.75 Addi Fee Requi
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Ma Added to F
8. This corporation has liability for intangible tax under S. 199.(Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD TALLAHASSEE FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Cod

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registe or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	CST	11 TITLE	☐ Change
NAME	PRICE, STEVEN T	12 NAME	
STREET ADDRESS	3030 RAINBOW CT	13 STREET ADDRESS	12.000 - 4th St. N. #206
CITY-ST-ZIP	SAFETY HARBOR FL 34695	14 CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	PD	21 TITLE	☐ Change
NAME	TATE, JOHN	22 NAME	
STREET ADDRESS	4800 S. WESTSHORE #305	23 STREET ADDRESS	Delete
CITY-ST-ZIP	TAMPA FL 33611	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change
NAME		32 NAME	700000146064?
STREET ADDRESS		33 STREET ADDRESS	-04/20/95--01005--015
CITY-ST-ZIP		34 CITY-ST-ZIP	****200.00 ****200.00
TITLE	S. Price	41 TITLE	☐ Change
NAME	59050 - $200	42 NAME	
STREET ADDRESS	ck #173	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	PD. CK#1212	51 TITLE	☐ Change
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	KC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I f certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven T. Price 4-12-95 (813) 573-3351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #