

10f2

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

DOCUMENT # **F96000006032**

1. Entity Name  
**NEOMEDIA TECHNOLOGIES, INC**

FILED

02 OCT -9 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**900008402579**  
10/16/02--01049--020 \*\*300.00

2. Principal Place of Business <b>2201 2ND ST</b> Suite, Apt. #, etc. <b>STE 600</b> City & State <b>FT MYERS, FL</b> Zip <b>33901</b> Country <b>USA</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc. City & State Zip Country	
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4. FEI Number <b>36-3680347</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>CHARLES JENSEN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2201 2ND ST STE 600</b>	
City <b>FT MYERS</b>	Zip Code <b>FL 33901</b>

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 then if applicable, (NOTE: Registered Agent signature required when reinsuring) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/M/D CHARLES JENSEN 2201 2ND ST. STE. 600 FT MYERS, FL 33901</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DAVID DODGE 2201 2ND ST. STE 600 FT MYERS, FL 33901</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles T. Jensen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Originals Return #

CR2E034B (12/01)

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October 8, 2002

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Non receipt of Uniform Business Report

To Whom it May Concern:

NeoMedia Technologies, Inc. and NeoMedia Migrations, Inc. were recently informed by our tax accountant that the state of Florida has dissolved our corporation status because we did not file an annual directory. Neither entity is in receipt of the report to be filed. Please accept this form, along with our payment, as an original filing.

Sincerely,

A handwritten signature in cursive script that reads "Charles T. Jensen".

Charles T. Jensen  
President, Chief Operating Officer,  
Acting Chief Executive Officer, and Director