

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004909

1. Entity Name
MEDIABRIDGE TECHNOLOGIES, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90129 012 ***150.00

Principal Place of Business
100 NAGAG PARK
ACTON MA 01720

Mailing Address
100 NAGAG PARK
ACTON MA 01720



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 Brickstone Square
Suite, Apt. #, etc.

3. Mailing Address
100 Brickstone Square
Suite, Apt. #, etc.

City & State
Andover, MA
Zip
01810
Country
USA

City & State
Andover, MA
Zip
01810
Country
USA

4. FEI Number 04-3236319
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELO, ROBERT		NAME	Robert Bartlett	
STREET ADDRESS	4 SOUTHWEST CIRCLE		STREET ADDRESS	2112 Avalon Drive	
CITY-ST-ZIP	SUDBURY MA 01776		CITY-ST-ZIP	Peabody, MA 01960	
TITLE	CFOV	<input checked="" type="checkbox"/> Delete	TITLE	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, TIMOTHY		NAME	Micheal Baker	
STREET ADDRESS	3 ADAMS ST.		STREET ADDRESS	123 Manning St.	
CITY-ST-ZIP	BELMONT MA 02178		CITY-ST-ZIP	Needham, MA 02494	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'GRADY, STANDISH		NAME		
STREET ADDRESS	31 PARKER AVE.		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94118		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAROLD, PETER		NAME		
STREET ADDRESS	FRAMINGHAM EARL		STREET ADDRESS		
CITY-ST-ZIP	NORWICH, NORFOLK ENGLAND		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Miller January 31, 2001 978-684-3199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)