

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90043 041 \*\*\*150.00

**DOCUMENT # K42954**

1. Entity Name  
**MEDIA TRAVEL U.S.A., INC.**

Principal Place of Business

**9810 ALT A1A  
STE 114  
PLAM BEACH FL 33410**

Mailing Address

**9810 ALT A1A  
STE 114  
PLAM BEACH FL 33410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0081145**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISAKSON, KATHERINE  
9810 ALT A1A STE 114  
PLAM BEACH GARDENS FL 33410**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ISAKSON, KATHERINE</b>	
STREET ADDRESS	<b>111 US HWY. ONE</b>	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BERKELEY, LAURIE</b>	
STREET ADDRESS	<b>111 US HWY. ONE</b>	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SPITZNAGEL, W. F</b>	
STREET ADDRESS	<b>P. O. BOX 87 N/A</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SPITZNAGEL, ROSEMARIE</b>	
STREET ADDRESS	<b>P. O. BOX 87 N/A</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>9810 ALT A1A, SK 114</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens fl 33410</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>9810 ALT A1A, SK 114</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, fl 33410</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lauri Berkeley*  
**Lauri Berkeley**

**4/9/01**  
Date

**561 624 2525**  
Daytime Phone #

CR2E034 (10/00)