

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL -6 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000459

1. Entity Name  
MEDIAFOCUS INTERNATIONAL, L.L.C.

Principal Place of Business

567 DEVIL'S LANE  
NAPLES FL 34103  
3304 Mineola Drive  
Sarasota FL 34239

Mailing Address

567 DEVIL'S LANE  
NAPLES FL 34103-3021  
3304 Mineola Drive  
Sarasota FL 34239

2. Principal Place of Business

3304 Mineola Drive  
Suite, Apt. #, etc.

3. Mailing Address

3304 Mineola Drive  
Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

06-1452962

Applied For

Not Applicable

Zip  
34239

Country  
USA

Zip  
34239

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRAPKO, PETER  
567 DEVIL'S LANE  
NAPLES FL 34103

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 *Peter Strapko* Peter Strapko

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete  
NAME STRAPKO, PETER  
STREET ADDRESS 567 DEVIL'S LANE  
CITY-ST-ZIP NAPLES FL 34103

TITLE MGR ☐ Delete  
NAME STRAPKO, SCARLET U  
STREET ADDRESS 567 DEVIL'S LANE  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 500003321325--2  
STREET ADDRESS -07/12/00--01073--021  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Peter Strapko* Peter Strapko  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

613012000 941 954 2010

CR2E083 (9/99)