

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 90140 037 ****61.25

DOCUMENT # N02000005770					
1. Entity Name MEDIA EDUCATION FOUNDATION, INC.					
Principal Place of Business 888 EXECUTIVE CENTER DR. W #101 ST PETERSBURG FL 33702			Mailing Address 888 EXECUTIVE CENTER DR. W #101 ST PETERSBURG FL 33702		
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 13-4206112	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATERS, JAMES 888 EXECUTIVE CENTER DR. W #101 ST PETERSBURG FL 33702			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JOHNSON, DALE		NAME		
STREET ADDRESS	392 LAKEVIEW TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP		
TITLE	V D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALAN, JERRY		NAME		
STREET ADDRESS	210 N. PINE DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613		CITY-ST-ZIP		
TITLE	P D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WATERS, JAMES		NAME		
STREET ADDRESS	888 EXECUTIVE CENTER DR. W #101		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33702		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			SIGNATURE REQUIRED 5/1/03 727-576-1245 Date Daytime Phone #		

CR20037 (10/02)