

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009894

FILED
Apr 29, 2007
Secretary of State

Entity Name: MEDIASpan MEDIA SOFTWARE MEMBER SUPPORT, INC.

Current Principal Place of Business:

901 6TH ST
DAYTONA, FL 32117

New Principal Place of Business:

11030 JEFFERSON ST.
OMAHA, NE 68137

Current Mailing Address:

901 6TH ST
DAYTONA, FL 32117

New Mailing Address:

11030 JEFFERSON ST.
OMAHA, NE 68137

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: LINCKS, BEKI
Address: 1320 SW BROADWAY
City-St-Zip: PORTLAND, OR 97201

Title: V () Change (X) Addition
Name: ROOSA, CAROL
Address: PO BOX 401
City-St-Zip: CAMPBELL HALL, NY 10916

Title: S () Change (X) Addition
Name: MURPHY, RICK
Address: PO BOX 358
City-St-Zip: MILLERSBURG, OH 44654

Title: T () Change (X) Addition
Name: WINTERS, TIM
Address: 11030 JEFFERSON ST.
City-St-Zip: OMAHA, NE 68137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM WINTERS

T

04/29/2007

Electronic Signature of Signing Officer or Director

Date