

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000009894

1. Entity Name
**MEDIASPACE MEDIA SOFTWARE MEMBER SUPPORT,
INC.**



Principal Place of Business

11030 JEFFERSON ST.
OMAHA, NE 68137

Mailing Address

11030 JEFFERSON ST.
OMAHA, NE 68137



04302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

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

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

U0000009894274

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

05/02/08-80007-020 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LINCKS, BEKI
1320 SW BROADWAY
PORTLAND, OR 97201

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
ROOSA, CAROL
PO BOX 401
CAMPBELL HALL, NY 10916

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
MURPHY, RICK
PO BOX 358
MILLERSBURG, OH 44654

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
WINTERS, TIM
11030 JEFFERSON ST.
OMAHA, NE 68137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Tim Winters

Tim WINTERS

4/29/08

402 444 1214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #