

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 90727 029 \*\*\*150.00

**DOCUMENT # P00000047761**

1. Entity Name

**MEDIA AUTHORITY, INC.**

Principal Place of Business

**725 LAKE HIAWASSEE DR.  
 ORLANDO FL 32835**

Mailing Address

**725 LAKE HIAWASSEE DR.  
 ORLANDO FL 32835**

2. Principal Place of Business

**725 Lake Hiawassee Dr**

3. Mailing Address

**725 Lake Hiawassee Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32835**

Country

**USA**

Zip

**32835**

Country

**USA**

4. FEI Number

**59-3646186**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PRANIEWICZ, KIMBERLY  
 725 LAKE HIAWASSEE DR.  
 ORLANDO FL 32835**

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

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, 2002 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

TITLE **D** ☐ Delete  
 NAME **PRANIEWICZ, JOHN M**  
 STREET ADDRESS **725 LAKE HIAWASSEE DR.**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Delete  
 NAME **PRANIEWICZ, KIMBERLY**  
 STREET ADDRESS **725 LAKE HIAWASSEE DR.**  
 CITY-ST-ZIP **ORLANDO FL 32835**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:** *Kimberly Pranievicz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 1, 2002*  
 Date

*(407) 291-3176*  
 Daytime Phone #

CR2E034 (9/01)

attachmt 1 Debt P000000 47761  
867571

May 13, 2002

To Whom it may Concern:

Enclosed please find a check for  
Media Authority's Annual fee of  
\$150.00

We thought the filing date was  
May 15th. Our sincere apologies for  
the misunderstanding. This is  
the first time my husband and I  
have attempted a business. Our  
business account is a balance of  
less than \$300 at this point. We  
are trying very hard to make this  
business a success. Please  
excuse us from this error and the  
additional fee. Any and all  
leniency will be much appreciated

Sincerely,

Kimberly Hanewicz