2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000107796

Entity Name: MEDICAL MEDIA & ASSOCIATES, INC.

Current Principal Place of Business:

2145 C SARNO RD.
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120155
MELBOURNE, FL 32912 US

New Mailing Address:

FEI Number: 59-3684830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHMOND, D L
2285 DOLPHIN ROAD
TITUSVILLE, FL 32820 US

Name and Address of New Registered Agent:

PEREZ, B L
2145 C SARNO RD
MELBOURNE, FL 32935 US

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: BARBARA L PEREZ 01/17/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROBERTS, JOYCE M
Address: 2585 ST. MICHELS AVE.
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Delete
Name: NOLIN, NORM
Address: 2585 ST. MICHELS AVE.
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NOLIN, JOYCE M
Address: 2585 ST. MICHELS AVE.
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE M NOLIN P 01/17/2002
Electronic Signature of Signing Officer or Director Date