

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91758 030 ***150.00

DOCUMENT # **P01000040481**

1. Entity Name

M. P. Digital Marketing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

453 EAGLE CR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1282

Suite, Apt. #, etc.

673120

DO NOT WRITE IN THIS SPACE

City & State

CASSELBERRY FL

Zip

32707

Country

USA

City & State

LONGWOOD FL

Zip

32752

Country

USA

4. FFI Number

M. P. Digital 59-371687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GARCIA, MARIO A ESQ.

Street Address (P.O. Box Number is Not Acceptable)

315 E. ROBINSON STREET

SUITE 160

City

ORLANDO

FL

Zip Code

32801

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 translating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCOTT MEIXSELL
453 EAGLE CR.
CASSELBERRY FL 32707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCOTT HABRAKEN
453 EAGLE CR.
CASSELBERRY FL 32707**

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT MEIXSELL pres

Date

5/1/02

Daytime Phone #

321-689-1631

CR2E034B (12/01)