	03 FOR PROFI FORM BUSINE			T FILEO		
DOCUMENT # P01000077667				SECRETARY OF STATE DIVISION OF CORPORATION		
1. Entity Name MEDIA SUI	PPORT, INC.	·			( <b>S</b> )	
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Principal Place P.O. BOX 52614 MIAMI FL 33152	14	Mailing Address P.O. BOX 526144 MIAMI FL 33152-6144				
2. Principal Pla	ice of Business	3. Mäiling Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES MRS		
City & State		City & State		4. FEI Number 65-1133980	Applied For Not Applicable	
Zip	Country	Zip	Country		68.75 Additional	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered A	gent	
ZOMERFELD, RAYMOND J 999 PONCE DE LEON BLVD., SUITE #1045 CORAL GABLES FL 33134				Street Address (P.O. Box Number is Not Acceptable)		
»			City .	FL	Zip Code	
		the purpose of changing 4	l ts registered office or regist	ered agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
_	ons of registered agent.					
	Signature, typed or printed name of registered agent a	nd title if applicable. (5)	TE: Registered Agent signature requi	red when reinstating) DATE		
Ser After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	<b>\$5.00</b> May Be Added to Fees	
10. TITLE	OFFICERS AND (		11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
NAME STREET ADDRESS	DEL CAMPO, HENRY P.O. BOX 526144 MIAMI FL 33152-6144		NAME STREET ADDRESS CITY-ST-ZIP	:		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	60002207961 08/05/0301073021 *	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE		, Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change Addition	
12. I hereby c indicated of the cor changed, SIGNAT	Å.	this filing does not qualify true and accurate and the wered to execute this repo vith all other like empowere		Section 119.07(3)(i), Florida Statutes. I further cer te same legal effect as if made under oath; that i a so7, Florida Statutes; and that my name appears in 4/7/03	tify that the information im an officer or director block 10 or Block 11 if	

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Hachmentt



July 29, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500 Re: Media Support, Inc. EIN# 65-1133980 Document# P01000077667

The above named taxpayer has not seen their payment in the amount of \$150.00 to your department for the 2003 Uniform Business Report clear their bank and are concerned that the check and form might have been lost by your department. The taxpayer mailed in the form along with the check on April 7, 2003 and more than three months have passed.

Enclosed please find a copy of the signed 2003 Uniform Business Report mailed in by the taxpayer along with a newly reissued check for \$150.00.

If you have any questions please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

Raymond J. Zomerfeld, C.P.

For the firm -

RJZ/an

Encl.

5415 Mariner Street Suite 215 Tampa, FL 33609

999 Ponce de Leon Blvd.

Coral Gables, FL 33134

Tel 305.444.8288 Fax 305.444.8280

Suite 1045

Tel 813.636.0609 Fax 813.636.9223

www.ogz-cpa.com

Members of:

American Institute of Certified Public Accountants

Florida Institute of Certified Public Accountants

National Association of Certified Valuation Analysts PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED ENVELOPE.