

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90184 030 ***150.00

DOCUMENT # P01000097999

1. Entity Name

MEDICAL MEDIA GROUP, INC.

Principal Place of Business

**6244 BARTON CREEK CIR.
 LAKE WORTH FL 33463**

Mailing Address

**6244 BARTON CREEK CIR.
 LAKE WORTH FL 33463**

2. Principal Place of Business

**2385 Executive Center Dr
 Suite, Apt. #, etc. Ste # 100**

3. Mailing Address

**2385 Executive Center Dr
 Suite, Apt. #, etc. Ste # 100**

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

U.S.

Zip

33431

Country

U.S.

4. FEI Number

651142434

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WALKER, JOHN
 6244 BARTON CREEK CIR.
 LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name **John Walker**
 Street Address (P.O. Box Number is Not Acceptable)
6167 ShadowTree Lane
 City **Lake Worth** FL Zip Code **33463**

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 **John Walker (Registered Agent / CEO-Chairman)**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	KELCH, CHRISTIAN	
STREET ADDRESS	9873 LAWRENCE RD., #K106	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARNES, JOEL	
STREET ADDRESS	1628 SE 7TH ST.	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman / CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Walker	
STREET ADDRESS	6167 ShadowTree Lane	
CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOEL BARNES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02
 Date

954-45-5579
 Daytime Phone #

CR2E034 (9/01)