2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name P01000115643



FILED Mar 11, 2003 8:00 am Secretary of State

02-10-2003 90445 008 ***150.00

Marine Prince of Business Section 1997 Section Committee Section 1997 S	MEDIAMINDS, INC.										
Suite, Apt. 4, etc. Cry & State City & Stato City & Stato City & Stato Country Zip Country Size Certificitie of Stratus Desired Status Desired Street Address of New Registered Agent Thame. Street Address (P.O. Box Number is Not Acceptable)	3444 EAST LAKE ROAD . SUITE 408		3444 EAST LAKE ROAD SUITE 408			-		The state of the s			
City & State Country A FEI Number APPLED FOR Not Applicable For Not Not Applicable Stress Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Stress Address (P.O. Box Number is Not Acceptable) Stress Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City City City FL Zip Code City	2. Principal P	ace of Business	3. Mailing Address			_		an a nn ann a	i1 662 1185 1 86 1		
Country Country Country Country Country Country Street Address of Country Country Street Address of Country Country Street Address of Country Street Address of Country Street Address of New Registered Agent Street Address	Suite, Apt. #, etc.		Suite, Apt. #, etc.			 	_ \	41-208301G			
S. Name and Address of New Brightsred Agent 7. Name and Address of New Brightsred Agent Name. Street Address (PO, Box Number is Not Acceptable) Street Addr	City & State	e .	City & Stato				4	FEI Number	<u> </u>		
ANDRE: DELPORTE 3444 EAST LAKE ROAD SUITE 408 PALM HARBOR FL. 34685 B. The aboven named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmillar with, and accorpt the obligations of registered agent. SIGNATURE Signature Signature Signature Agent aware or registered agent.	Zip	Country	Zip Country			у					
SAMPRE: DELPORTE 3444 EAST LAKE ROAD SUITE 408 PALM HARBOR FI. 34885 City FL City		6. Name and Address of Current	Registered Agent				7.	7. Name and Address of New Registered Agent			
SUTER 408 PALM HARBOR FL 34685 a. The above named entity sizemits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symman, hybrid or preservative of implicited agent and the 4 septicible. (NOTE: Registered Agent specified agent.) (NOTE: Registered Agent specified		-	Name Name			Name	The state of the s				
SUTER 408 PALM HARBOR FL 34685 a. The above named entity sizemits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symman, hybrid or preservative of implicited agent and the 4 septicible. (NOTE: Registered Agent specified agent.) (NOTE: Registered Agent specified	G. ANDRE	DELPORTE	Street Addr			Street Addres	ss (P.O.	s (P.O. Box Number is Not Acceptable)			
PALM HARBOR FL 34885 City			Sirect 2								
PALM HARBOR FL 34885 City	SUITE 40	3		ļ						ļ	
THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Fordad name of inclidence agent and the il sportation. FILE NOW!!! FEE IS \$150.00	PALM HA	RBOR FL 34685				<u> </u>		- 			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10.	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. I am familiar with, and accept the obligations of registered agent.										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE Signature was a contract again and title if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE										
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.											
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE DELPORTE, ANDRE G 3444 EAST LAKE RD \$408 CITY-ST-ZP PALM HARBOR FL 34685 TITLE MAKE STREET ADDRESS CITY-ST-ZP TITLE MAKE MAKE MAKE STREET ADDRESS CITY-ST-ZP TITLE MAKE MAKE	Afte	May 1, 2003 Fee will be \$550.00	10								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						:		ADDITIONS (CHANGES TO CEELCERS AND	DIRECTORS	2 IN 11	
DELPORTE, ANDRE G 3444 EAST LAKE RD #408 CITY-ST-ZIP TITLE T			DIHECTO		<u> </u>		<u>_</u>	ADDITIONS) CHANGES TO CET ICETS AND			
STREET ADDRESS CITY-ST-ZP PALM HARBOR FL 34685 CITY-ST-ZP PALM HA		1 '		☐ Delete		.		•	onenge		
TITLE						i		•			
TITLE NAME STREET ADDRESS					CITY=	ST=ZIP					
NAME STREET ADDRESS	ļ	PALM HANDON PC 34063	`	- Delete	TITLE				☐ Change	Addition	
STREET ADDRESS CTY-ST-ZIP		·		_ book				•		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	l				STREE	T ADDRESS		•			
MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	- CITY-ST-ZIF				C:17:-1	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			Delete_		~ [Change	☐ Addition	
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	_ ·			, ·	1 .			• • • • · · · · · · · · · · · · · · · ·		Í	
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				D Delete	-₽				Channe	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	·		C Delete						O	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					STREE	T ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition Change CONTY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP		•		. CITY-:	ST-ZIP		<u> </u>			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP	TITLE		-	☐ Delete	TITLE				Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME			•	1	i i					
TIFLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP								·.			
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME CTTY-ST-ZIP	CITY-ST-ZIP				-					FT 4 1 200 1	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE	•		☐ Delete		I		;	Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP				4							
VIII-31-131	i				9	ľ				·	
		cortify that the information cumuliad with	does not qualify for	_8		Section	on 119,07(3)(i), Florida Statutes, I further cert	ify that the ir	oformation		

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 lee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ddress, with all other like empowered.