

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90072 043 ***150.00

DOCUMENT # P02000017708

1. Entity Name

FOCALPOINT MEDIA SOLUTIONS, INC.



Principal Place of Business
2701 NW 23 BLVD STE BB182
GAINESVILLE FL 32605

Mailing Address
2701 NW 23 BLVD STE BB182
GAINESVILLE FL 32605

2. Principal Place of Business

1616 LEGACY PARK DRIVE

3. Mailing Address

1616 LEGACY PARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAITLAND FLORIDA

City & State

MAITLAND FLORIDA

Zip

32751

Country

U.S.A.

Zip

32751

Country

U.S.A.

4. FEI Number

01-0604032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CARLSON, RICHARD

2701 NW 23 BLVD STE BB182
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name

CARLSON, RICHARD

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

1616 LEGACY PARK DRIVE

City

MAITLAND

FL

Zip Code

32751

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CARLSON, RICHARD**
STREET ADDRESS **2701 NW 23 BLVD STE BB182**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** ☒ Delete
NAME **CARLSON, SHANE**
STREET ADDRESS **2501 NW 6 ST APT 3**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **CARLSON, RICHARD**
STREET ADDRESS **1616 LEGACY PARK DRIVE**
CITY-ST-ZIP **MAITLAND, FLORIDA 32751 (P)**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 1/15/03 (352) 251 5035

Date

Phone #

CR2E034 (10/02)