

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90163 030 ***150.00

DOCUMENT # P02000116147



1. Entity Name
MEDIAOPS, INC.

Principal Place of Business
**5612 56TH WAY
WEST PALM BEACH FL 33409
US**

Mailing Address
**5612 56TH WAY
WEST PALM BEACH FL 33409
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-2185952

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

X CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONA, FRANK A
5612 56TH WAY
WEST PALM BEACH FL 33409**

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MICHAEL	
STREET ADDRESS	5612 56TH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEISS, RICHARD	
STREET ADDRESS	5612 56TH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	T	<input type="checkbox"/> Delete
NAME	RITTS, WILLIAM H III	
STREET ADDRESS	5612 56TH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONA, FRANK A	
STREET ADDRESS	5612 56TH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
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"/> Change <input type="checkbox"/> Addition
NAME	S GOLDSTEIN, MICHAEL	
STREET ADDRESS	5612 56TH WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
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		

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: *Michael R Goldstein* **Michael R Goldstein 4-10-03 561-351-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)