

Amended

FILED

03 DEC 23 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000128810 1. Entity Name MEDIA ALLIANCE, INC.																											
Principal Place of Business 2901 W. BUSCH BLVD. SUITE 603 TAMPA, FL 33618		Mailing Address 2901 W. BUSCH BLVD. SUITE 603 TAMPA, FL 33618																									
2. Principal Place of Business 100 2ND AVE. SOUTH Suite, Apt. #, etc. SUIT 400 N City & State ST. PETERBURG FL. Zip 33701		3. Mailing Address + SAME Suite, Apt. #, etc. City & State Zip 																									
4. FEI Number 01-0756543		☐ 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 BORH, INC. 2901 W. BUSCH BLVD. SUITE 603 TAMPA, FL 33618		7. Name and Address of New Registered Agent Name OWEN ROGERS Street Address (P.O. Box Number is Not Acceptable) 100 2ND AVE SOUTH Suite, Apt. #, etc. SUIT 400 N City ST PETERBURG State FL Zip Code 33701																									
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 <i>[Signature]</i> DATE 12-15-2003 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when appointing)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.26 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ☒ Add ☐ Delete P ROGERS, ROBERTA 5970 SEASIDE DR NEW PORT RICHEY, FL 34652 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Add ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Add ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Add ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Add ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Add ☐ Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Add ☐ Delete P ROGERS, ROBERTA 5970 SEASIDE DR NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Add ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Add ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Add ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Add ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Add ☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ☒ Change ☒ Addition P PETE MATISON 1177 PINELLAS BAYWAY NUMBER 307 TIERRA VERDE FL. 33715 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☒ Addition VP OWEN ROGERS 100 2ND AVE SOUTH SUIT 400 N ST. PETERBURG FL 33701 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☒ Addition P PETE MATISON 1177 PINELLAS BAYWAY NUMBER 307 TIERRA VERDE FL. 33715	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition VP OWEN ROGERS 100 2ND AVE SOUTH SUIT 400 N ST. PETERBURG FL 33701	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Add ☐ Delete P ROGERS, ROBERTA 5970 SEASIDE DR NEW PORT RICHEY, FL 34652																										
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Add ☐ Delete																										
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Add ☐ Delete																										
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Add ☐ Delete																										
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Add ☐ Delete																										
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Add ☐ Delete																										
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☒ Addition P PETE MATISON 1177 PINELLAS BAYWAY NUMBER 307 TIERRA VERDE FL. 33715																										
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition VP OWEN ROGERS 100 2ND AVE SOUTH SUIT 400 N ST. PETERBURG FL 33701																										
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition																										
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition																										
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition																										
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition																										
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>[Signature]</i> OWEN ROGERS DATE 12-15-2003 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											

CFR2034 (10/02)

TS

727-374-0330