

P22361

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_\*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

**THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.**

Name: KNIGHT-RIDDER, INC. ATTN: JOYCE SCHWEITZER EIN or SS#: \_\_\_\_\_

Address: One Herald Plaza

Miami, FL 33132-1693

Amount: \$35.00 Date Paid: \_\_\_\_\_

Reason for Claim: The name change amendment was filed by another firm.

MEDIASTREAM, INC. (Charter #P22361)

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signature See Attached Letter

LFJ

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

**Do Not Write in This Box - For Agency Use Only**

*Agency recommends approval of above claim and submits the following information to substantiate the claim:*

*Amount of recommended refund \$ 35.00*

*The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on*

*State Treasurer's Receipt No. 01149-005 dated 5-8-97*

NAME OF ACCOUNT: \_\_\_\_\_

4520213000145300000000010000

*Statutory Authority for Collection 607.0122*

*It is requested that payment be made from the following account:*

NAME OF ACCOUNT: \_\_\_\_\_

45202130001453000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Department of State, Division of Corporations  
(Agency)

\_\_\_\_\_  
(Authorized Agency Signature and Title)

**KNIGHT  
RIDDER**



Knight-Ridder, Inc.  
One Herald Plaza  
Miami, Florida 33132-1693

May 19, 1997

Ms. Velma Shepard  
Corporate Specialist  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

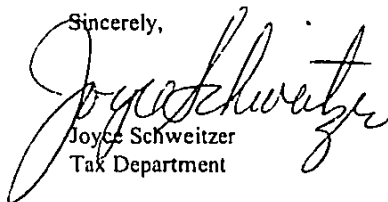
Letter Number: 997A00026200

Dear Ms. Shepard:

We would like to request a refund of \$35.00 on the non-filing of our documents to change the name of Presslink, Inc. to Medistream. We have been advised that the firm of Stearns, Weaver, Miller, Weissler, Alhadeff & Sitterson, P.A. have filed the appropriate documentation along with a remittance of \$35.00.

If you have any questions, please call me at 305-376-3811.

Sincerely,



Joyce Schweitzer  
Tax Department

KNIGHT  
RIDDER

P22361



Knight-Ridder, Inc.  
One Herald Plaza  
Miami, Florida 33132-1693

May 5, 1997

800002172198--2  
-05/08/97-01149-005  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

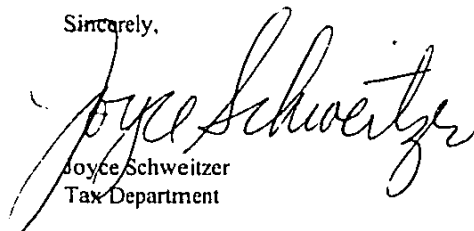
Division of Corporations  
Florida Department of State  
PO Box 6327  
Tallahassee, FL 32314

Gentlemen:

Attached please find Articles of Amendment for Mediastream, Inc. and our check for the filing fee of \$35.

If you have any questions, please contact me at 305-376-3811.

Sincerely,

  
Joyce Schweitzer  
Tax Department

Enclosures

W97-11249  
N/C



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 15, 1997

JOYCE SCHWEITZER  
KNIGHT-RIDDER, INC.  
ONE HERALD PLAZA  
MIAMI, FL 33132-1693

SUBJECT: PRESSLINK, INC.  
Ref. Number: P22361

We have received your document for PRESSLINK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign corporation which has changed its name, duration, jurisdiction, or purpose (nonprofit corporation only), should file an amended application in this office within 30 days after the occurrence of any such change. The form should be accompanied by an original certificate from the domicile state issued within the past 90 days evidencing the change and a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 997A00026200