2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38895

1. Entity Name

MARKETVISION GATEWAY RESEARCH, INC.

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90086 026 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1000 UNIVERSAL STUDIOS P2 ORLANDO FL 32819 US	4500 COOPER RD CINCINNATI OH 45242-5600 US

2. Principal Place of Business		3. Mailing Address	
		10300 ALLIANCE RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: CINCINNATI, OHIO	
Zip	Country	Zip: 45242	Country: USA

4. FEI Number 31-1346503 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMULLEN, DONALD G.
1000 UNIVERSAL STUDIOS PLAZA
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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.

SIGNATURE ______________________________

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CST MCMULLEN, DONALD G. 8111 BAY COLONY DR., #604 NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MILLER, RONALD W. 4016 FOXCRAFT ROAD CHARLOTTE NC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MILLER, RONALD W. 373 EDGEHILL RD CHARLOTTE, NC 28207	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald G. McMullen 4/29/02 513/794-3531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #