

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40428

1. Entity Name

MEDIA SERVICES GROUP, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90024 033 \*\*\*150.00

Principal Place of Business

Mailing Address

6802 PATTERSON AVE  
RICHMOND VA 23226  
US

6802 PATTERSON AVE  
RICHMOND VA 23226-3626  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1566229

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, GEORGE R  
3948 SOUTH THIRD STREET  
STE. 191  
JACKSONVILLE BEACH FL 32250

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, 2000 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 MD ☐ Delete  
NAME YOUNTS, MILLARD  
STREET ADDRESS 6802 PATTERSON AVE  
CITY-ST-ZIP RICHMOND VA 23226

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

TITLE D ☐ Delete  
NAME COX, KEVIN  
STREET ADDRESS 179 ST. CLAIR CIRCLE  
CITY-ST-ZIP BERWYN PA 19312

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

TITLE D ☐ Delete  
NAME LYLE, BILL  
STREET ADDRESS 5225 WEST 122ND ST.  
CITY-ST-ZIP OVERLAND PARK KS 66209

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

TITLE D ☐ Delete  
NAME MACCINI, BOB  
STREET ADDRESS 170 WESTMINSTER STREET STE. #701  
CITY-ST-ZIP PROVIDENCE RI 02902

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

TITLE D ☐ Delete  
NAME REED, GEORGE  
STREET ADDRESS 5117 OTTER CREEK DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE D ☐ Delete  
NAME MERRILL, GREG  
STREET ADDRESS 1289 NORTH 1500 EAST  
CITY-ST-ZIP LOGAN UT 84341

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

904-285-3239

Daytime Phone #

CR2E034 (9/99)