

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P40428**1. Entity Name
MEDIA SERVICES GROUP, INC.

Principal Place of Business

6802 PATTERSON AVE

RICHMOND

23226

VA

US

Mailing Address

6802 PATTERSON AVE

RICHMOND

23226

VA

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1566229

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

FL

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 _____ **09/10/2001**

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MERRILL GREG	
STREET ADDRESS	1289 NORTH 1500 EAST	
CITY-ST-ZIP	LOGAN UT 84341	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, GEORGE	
STREET ADDRESS	5117 OTTER CREEK DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACCINI, BOB	
STREET ADDRESS	170 WESTMINSTER STREET STE. #701	
CITY-ST-ZIP	PROVIDENCE RI 02902	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYTLE, BILL	
STREET ADDRESS	5225 WEST 122ND ST.	
CITY-ST-ZIP	OVERLAND PARK KS 66209	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, KEVIN	
STREET ADDRESS	179 ST. CLAIR CIRCLE	
CITY-ST-ZIP	BERWYN PA 19312	
TITLE	MD	<input type="checkbox"/> Delete
NAME	YOUNTS, MILLARD	
STREET ADDRESS	6802 PATTERSON AVE	
CITY-ST-ZIP	RICHMOND VA 23226	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED GEORGE	
STREET ADDRESS	5117 OTTER CREEK DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCINI ROBERT	
STREET ADDRESS	170 WESTMINSTER STREET STE. #701	
CITY-ST-ZIP	PROVIDENCE RI 02902	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYTLE WILLIAM	
STREET ADDRESS	5225 WEST 122ND ST.	
CITY-ST-ZIP	OVERLAND PARK KS 66209	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLEY WILLIAM R	
STREET ADDRESS	100 NORTH CENTRAL EXPRESSWAY # 704	
CITY-ST-ZIP	RICHARDSON TX 75080	
TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNTS MILLARD S	
STREET ADDRESS	6802 PATTERSON AVE	
CITY-ST-ZIP	RICHMOND VA 23226	

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: George Reed

D

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)