

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

0500137 AT

1. Entity Name  
**MEDIA SERVICES GROUP, INC.**

Principal Place of Business	Mailing Address
6802 PATTERSON AVE RICHMOND VA 23226 US	6802 PATTERSON AVE RICHMOND VA 23226 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.Suite, Apt. #, etc.City & StateCity & State4. FEI Number **54-1566229**

Applied For
Not Applicable

Zip	Country	Zip	Country
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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, 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

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11. OFFICERS AND DIRECTORS

<b>12.</b>	<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
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TITLE	MD	<input type="checkbox"/> Delete
NAME	YOUNTS, MILLARD S	
STREET ADDRESS	6802 PATTERSON AVE	
CITY - ST - ZIP	RICHMOND VA 23226	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITLEY, WILLIAM R	
STREET ADDRESS	100 NORTH CENTRAL EXPRESSWAY # 704	
CITY - ST - ZIP	RICHARDSON TX 75080	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	LYTLE, WILLIAM	
STREET ADDRESS	5225 WEST 122ND ST.	
CITY - ST - ZIP	OVERLAND PARK KS 66209	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	D	<input type="checkbox"/> Delete
NAME	MACCINI, ROBERT	
STREET ADDRESS	170 WESTMINSTER STREET STE. #701	
CITY - ST - ZIP	PROVIDENCE RI 02902	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	REED, GEORGE	
STREET ADDRESS	5117 OTTER CREEK DRIVE	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	D.	<input type="checkbox"/> Delete
NAME	MERRILL, GREG	
STREET ADDRESS	1289 NORTH 1500 EAST	
CITY - ST - ZIP	LOGAN UT 84341	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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] Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 904-285-3239  
Date Daytime Phone #

CH2E034 (9/01)