

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90029 025 ***150.00

DOCUMENT # P94000012781

1. Entity Name

MEDIA LAND CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3105 WEST WATERS AVENUE
TAMPA FL 33614

Mailing Address
3105 WEST WATERS AVENUE
TAMPA FL 33614-2869

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3279129**
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

KOLP, ELI
14550 BRUCE B. DOWNS BLVD.
#229
TAMPA FL 33613

Name **ELI - Kolp**
Street Address (P.O. Box Number is Not Acceptable) **3105 W Waters Ave #300**
City **TAMPA** FL Zip Code **33614**

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	KOLP, ELI	
STREET ADDRESS	14550 BRUCE B. DOWNS BLVD., APT. 229	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, GERALD	
STREET ADDRESS	3105 W WATERS AVE. 300	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KOLPAKCHI, ZANEIDA	
STREET ADDRESS	14550 BRUCE B. DOWNS BLVD., APT. 229	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KOLPAKCHI, MORDEKHA	
STREET ADDRESS	14550 BRUCE B. DOWNS BLVD., APT. 229	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gerald Friedman* 4/30/00 813-931-9005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)