

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093328

1. Entity Name

MEDIA RIGHT COMMUNICATIONS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90041 027 ***150.00

Principal Place of Business

Mailing Address

2853 SE PACE DRIVE
PORT ST. LUCIE FL 34984

2853 SE PACE DRIVE
PORT ST. LUCIE FL 34984-6222

7410 S. US Highway 1 Suite 306
Port St. Lucie, FL 34952

7410 S. US Highway 1 Suite 306
Port St. Lucie, FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0544673**

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

MORAN, ROBIN L
2853 SE PACE DRIVE
PORT ST. LUCIE FL 34984

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 ☐ Delete
NAME MORAN, ROBIN L
STREET ADDRESS 2853 SE PACE DRIVE
CITY-ST-ZIP PORT ST LUCIE FL 34984

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

TITLE ☐ Delete
NAME MORAN, KENNETH
STREET ADDRESS 2853 SE PACE DRIVE
CITY-ST-ZIP PORT ST LUCIE FL 34984

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Robin L Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-00 561-336-7575

CR2E034 (9/99)