## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 31, 2000 8:00 am DOCUMENT # P95000018603 1. Entity Name **Secretary of State** MEDIA-INFO, INC. 03-31-2000 90041 025 \*\*\*150.00 Principal Place of Business Mailing Address 3911 S.W. 47TH AVE 3911 SW 47TH AVE STE. 906 STE 906 FT LAUDERDALE FL 33314-2818 FT LUADERDALE FL 33314-2818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FT LAUDERDALE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ORDON'O. PHIL Street Address (P.O. Box Number is Not Acceptable) 3911 SW 47TH AVENUE SUITE 906 FT. LAUDERDALE FL 33314 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Addition Change TITLE 🗶 Delete TITLE STRIMBER, RICHARD D NAME STREET ADDRESS 3911 S.W. 47TH AVENUE, SUITE 906 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33314-2818 CITY-ST-ZIP ☐ Change ☐ Addition 💢 Delete TITLE TITLE STRIMBER, JACK M NAME NAME 3911 S.W. 47TH AVENUE, SUITE 906 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33314-2818 Change ☐ Addition ☐ Delete TITLE ORDONO, PHILLIP NAME NAME 3911 S.W. 47TH AVENUE, SUITE 906 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33314-2818 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 proof is the 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 truebe 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.

917-583-7800

FILED