

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90072 027 \*\*\*150.00

0040781 AV

**DOCUMENT # P96000031725**

1. Entity Name  
**MEDIA VENTURES, INC.**

Principal Place of Business  
**PO BOX 10910**  
**TALLAHASSEE FL 32302**

Mailing Address  
**POST OFFICE BOX 10910**  
**TALLAHASSEE FL 32302**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3395388**

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☒ Delete  
NAME **ROGERS, STEVE**  
STREET ADDRESS **1300 NORTH BLVD**  
CITY-ST-ZIP **TAMPA FL**

TITLE **MICHAEL BOYLAN CD** ☒ Change ☐ Addition  
NAME **100 FESTIVAL PARK AVE.**  
STREET ADDRESS **JACKSONVILLE, FL 32202**  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **STECK, STEVE**  
STREET ADDRESS **11510 EAST COLONIAL DRIVE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Change ☐ Addition  
NAME **JOHN LABONIA**  
STREET ADDRESS **172 N.E. 15TH ST.**  
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **SD** ☐ Delete  
NAME **CRAWFORD, PAT**  
STREET ADDRESS **11000 UNIVERSITY PARKWAY**  
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **D** ☒ Delete  
NAME **PIZZATO, ALLAN**  
STREET ADDRESS **1000 COLLEIR BLVD.**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☒ Change ☐ Addition  
NAME **TITUS RUSH**  
STREET ADDRESS **2202 WEIMAR HALL**  
CITY-ST-ZIP **GAINESVILLE, FL 32611**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)