

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
 02-20-2002 90003 027 ***163.75

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DOCUMENT # P96000051766

1. Entity Name
MEDIAWISE, INC.

Principal Place of Business

~~450 ST FRANCIS STREET~~ **837 E. PARK AVE.**
 TALLAHASSEE FL 32301
 US

Mailing Address

~~450 ST FRANCIS STREET~~ **837 E. PARK AVENUE**
 TALLAHASSEE FL 32301
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

837 E. PARK AVE.

3. Mailing Address

837 E. PARK AVE.

Suite, Apt. #, etc.

Tallahassee, FL

Suite, Apt. #, etc.

Tallahassee, FL

City & State

City & State

4. FEI Number

59-3384524

Applied For

Not Applicable

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

PIERCE, PATRICIA J
1209 CHOCKSACKA NENE
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

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PIERCE, PATRICIA J	
STREET ADDRESS	1209 CHOCKSACKA NENE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	MIGLINO, JOANNE	
STREET ADDRESS	1209 CHOCKSACKA NENE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joanne Miglino
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02
 Date

850. 222. 3390
 Daytime Phone #

CR2E034 (9/01)