

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070596

1. Entity Name
MEDIA ASSOCIATES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90030 016 ***150.00

Principal Place of Business 400 5TH AVE. SOUTH SUITE 202 NAPLES FL 34102 US	Mailing Address 400 5TH AVE. SOUTH SUITE 202 NAPLES FL 34103-2750 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3033 Riviera Dr. Suite, Apt. #, etc. Suite 202 City & State Naples FL Zip 34103 Country US	3. Mailing Address 3033 Riviera Dr. Suite, Apt. #, etc. Suite 202 City & State Naples FL Zip 34103 Country US
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4. FEI Number 59-3401391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRAY, STEPHEN J
3167 ANDORRA CT.
NAPLES FL 34109

7. Name and Address of New Registered Agent
Name
Stephen GRAY
Street Address (P.O. Box Number is Not Acceptable)
4680 St. Croix Lane #535
City
Naples
City
FL
Zip Code
34109

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 Stephen J Gray
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAY, STEPHEN 3167 ANDORRA COURT NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRAY, Stephen 4680 St. Croix Lane #535 Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stephen J Gray **March 28, 2000** 94-262-5070
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)