

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90273 009 ***150.00

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DOCUMENT # P97000053800

1. Entity Name
MADIO MGA, INC.



Principal Place of Business
**3829 HOLLYWOOD BOULEVARD
SUITE C
HOLLYWOOD FL 33021**

Mailing Address
**3829 HOLLYWOOD BOULEVARD
SUITE C
HOLLYWOOD FL 33021**



2. Principal Place of Business
**1000 S. PINE ISLAND ROAD
SUITE 230**

3. Mailing Address
**1000 S. PINE ISLAND ROAD
SUITE 230**

☒ CHECK HERE IF MAKING CHANGES

City & State
PLANTATION FL

City & State
PLANTATION FL

4. FEI Number **65-0761684**

Applied For
Not Applicable

Zip Country
33324 U.S.

Zip Country
33324 U.S.

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

**MADIO, RALPH R
3829 HOLLYWOOD BOULEVARD
SUITE C
HOLLYWOOD FL 33021**
**1000 S. PINE ISLAND ROAD
SUITE 230
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **MADIO, RUSS R**
STREET ADDRESS **3829 HOLLYWOOD BOULEVARD, SUITE C**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☒ Change ☐ Addition
NAME **1000 S. PINE ISLAND ROAD # 230**
STREET ADDRESS **PLANTATION FL 33324**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MADIO, GRACE A**
STREET ADDRESS **3829 HOLLYWOOD BOULEVARD, SUITE C**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☒ Change ☐ Addition
NAME **1000 S. PINE ISLAND ROAD # 230**
STREET ADDRESS **PLANTATION FL 33324**
CITY-ST-ZIP

TITLE **ASDV** ☐ Delete
NAME **MADIO, RALPH R**
STREET ADDRESS **3829 HOLLYWOOD BOULEVARD, SUITE C**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☒ Change ☐ Addition
NAME **1000 S. PINE ISLAND ROAD # 230**
STREET ADDRESS **PLANTATION FL 33324**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MADIO, ROBERT R**
STREET ADDRESS **3829 HOLLYWOOD BLVD., SUITE C**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☒ Change ☐ Addition
NAME **1000 S. PINE ISLAND ROAD # 230**
STREET ADDRESS **PLANTATION FL 33324**
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

4-10-03

954-343-8300

CR2E034 (10/02)