

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000066001**

1. Entity Name

MEDIA SOFTWARE & CONSULTING, INC.

Principal Place of Business
1901 CAPE BEND AVENUE
TAMPA FL 33613

Mailing Address

1901 CAPE BEND AVENUE
TAMPA FL 33613

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-3469128** **Applied For**
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

WEINZIERL, JON E
1901 CAPE BEND AVENUE
TAMPA FL 33613

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WEINZIERL, JON E
1901 CAPE BEND AVENUE
TAMPA FL 33613

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change 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: *Jon E. Weinzierl* Jon E. Weinzierl 4/22/02 813 974 2679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90092 004 ***150.00



DO NOT WRITE IN THIS SPACE

b1280
11/11/02

CR2E034 (9/01)