2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empower

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **P97000097857** May 01, 2000 8:00 am Secretary of State MEDIA SEVEN INTERNATIONAL, INC. 05-01-2000 90394 020 ***150.00 Mailing Address Principal Place of Business 14444 BEACH BLVD., SUITE 18-277 14444 BEACH BLVD., SUITE 18-277 JACKSONVILLE FL 32250-2079 JACKSONVILLE FL 32250 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3477214 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKHAM, BRUCE W Street Address (P.O. Box Number is Not Acceptable) 14444 BEACH BLVD., SUITE 18-277 JACKSONVILLE FL 32250 Zip Code Fl 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Defete TITLE TITLE BECKHAM, BRUCE W. NAME 14 Starfish Ct. NAME STREET ADDRESS -14143 Hampton Falls dr. N STREET ADDRESS Ponte Vedra Beach, Fr. 32082 14 Starfish Cl. Ponte Vedra Beach, Fr. 32082 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete TIT! F BECKHAM, CYNTHIA E. NAME NAME STREET ADDRESS 14143 HAMPTON FALLS DR. N STREET ADDRESS JACKSONVILLE FL 32224 ~ CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS .CITY-ST-ZIP CITY-ST-ZIP 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 the 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if