

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001488

1. Entity Name

MEDIA MARKETING CONSULTING SERVICE, INC.

Principal Place of Business

2323 DEL PRADO BLVD. #7
212
CAPE CORAL FL 33990

Mailing Address

2025 EVEREST PARKWAY
CAPE CORAL FL 33904-3289

2. Principal Place of Business

2025 Everest Parkway

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral

City & State

Florida

Zip

Country

Zip

33904

Country

4. FEI Number

65-0910235

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

LAHM, STEVEN G
2025 EVEREST PARKWAY
CAPE CORAL FL 33914

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, 2000 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 DPT
NAME LAHM, STEVEN
STREET ADDRESS 2025 EVEREST PARKWAY
CITY-ST-ZIP CAPE CORAL FL 33914

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPS
NAME THARP, KENNETH
STREET ADDRESS 2130 JACKS CREEK RD.
CITY-ST-ZIP LEXINGTON KY 40515

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME MAYER, DONNA
STREET ADDRESS 601 ARBORETUM CR
CITY-ST-ZIP WHEATON IL 60187

☐ Delete

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CITY-ST-ZIP

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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:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90023 048 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

4-27-00 944-574-3438