

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044997

1. Entity Name
MARKETING MEDIA, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90148 020 ***150.00

Principal Place of Business
**4675 PONCE DE LEON BOULEVARD
SUITE 305
CORAL GABLES FL 33146**

Mailing Address
**4675 PONCE DE LEON BOULEVARD
SUITE 305
CORAL GABLES FL 33146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4043 NW 58 ST
Suite, Apt. #, etc.
Boca Raton FL
City & State

3. Mailing Address
4043 NW 58 ST
Suite, Apt. #, etc.
Boca Raton FL
City & State

4. FEI Number **65-0836181**
Applied For ☐
Not Applicable ☒

Zip **33496** Country **PALM BEACH** Zip **33496** Country **PALM BEACH**

Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**STINSON, LOUIS JR
4675 PONCE DE LEON BOULEVARD
SUITE 305
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent
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 _____ (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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DVPS	STINSON, LOUIS JR	4675 PONCE DE LEON BOULEVARD SUITE 305	CORAL GABLES FL 33146	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP	Judith Weinberger Shiner	4043 N.W. 58th Street	Boca Raton, FL 33496	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 #

CR2E034 (10/00)