

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90102 047 ***150.00

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DOCUMENT # P98000044997

1. Entity Name
MARKETING MEDIA, INC.



Principal Place of Business
4043 NW 58TH STREET
BOCA RATON FL 33496

Mailing Address
4043 NW 58TH STREET
SUITE 305
BOCA RATON FL 33496



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0836181**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINSON, LOUIS JR
4675 PONCE DE LEON BOULEVARD
SUITE 305
CORAL GABLES FL 33146

Name **STEWART AGENT SERVICES**
Street Address (P.O. Box Number is Not Acceptable)
2199 Ponce de Leon Blvd
SUITE 301
City **Coral Gables, FL** **33134**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
Louis Stinson, Jr.

(NOTE: Registered Agent signature required when reinstating)

[Signature]
4/10/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVPS** ☐ Delete
NAME **STINSON, LOUIS JR**
STREET ADDRESS **4675 PONCE DE LEON BOULEVARD SUITE 305**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☒ Change ☐ Addition
NAME **STEWART AGENT SERVICES**
STREET ADDRESS **2199 Ponce de Leon Blvd #301**
CITY-ST-ZIP **CORAL GABLES, FLA 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **4/10/03** **305-441-8807**
Date Daytime Phone #

CR2E034 (10/02)