2000 UNIFORM BUSINESS REPORT (UBR)

13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to

changed, or on an attachme

SIGNATURE:

Feb 15, 2000 8:00 am Secretary of State DOCUMENT # P98000049016 02-15-2000 90008 044 ***150.00 MC MEDIA ASSOCIATES, INC. Mailing Address Principal Place of Business OLD OAK CT 3690 OLD OAK CT 00040007 ORLANDO FL 32812-7505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number -59-3515984 Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CANDELARIA, MICHAEL R Street Address (P.O. Box Number is Not Acceptable) 3690 OLD OAK COURT ORLANDO FL 32812 City 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. 12. (66/6) Addition TITLE ☐ Delete CANDELARIA, MICHAEL R NAME NAME STREET ADDRESS 3690 OLD OAK CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

ng does not quarry for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED